MQAC CASE REVIEW DISPOSITION
Commission Meeting RCM Presentations

Respondent: Stern, Michael H **Case Number:** 162277

Date Presented: 2-23-12	RCM: GOTTHOLD	License#: ☒MD/☐PA
Panel Chair: Ruiz	Staff Attorney: Berg	MQAC Clerk: ds mlc

PANEL A	Andison, Brantner, Burger, Clower, Concannon, Cullen, Elders, Green, Johnson, Pattison, Winslow
PANEL B	Cvitanovic, Dore, Gotthold, Harder, Harvey, Hensley, Hopkins, Marsh, Ruiz, Sen

A. REQUEST FOR LEGAL ACTION: ☐ **Summary Suspension** ☐ **Summary Action** ☐ Practice Restriction

☐ Statement of Charges	☐ Statement of Allegations /Stipulation to Informal Disposition
☐ Withdrawal of SOC	☐ SOA/STID for Voluntary Surrender
☐ Notice of Decision on Application: (Denied)	☐ Withdrawal of SOA
☐ Notice of Decision on Application (Granted with conditions)	☐ Notice of Correction

Alleged Violations—RCW 18.130.180:

☐ (1) Moral turpitude	☐ (10) Aiding and abetting	☐ (19) Treating by secret methods
☐ (2) Misrepresentation of facts	☐ (11) Violation of rules	☐ (20) Betrayal of patient privilege
☐ (3) False advertising	☐ (12) Practice beyond scope	☐ (21) Rebating
☐ (4) Incompetence	☐ (13) Misrepresentation or fraud	☐ (22) Interference with investigation
☐ (5) Out of state action	☐ (14) Failure to supervise	☐ (23) Current drug/alcohol misuse
☐ (6) Illegal use of drugs	☐ (15) Public health risk	☐ (24) Sexual contact/patient abuse
☐ (7) Violated state or federal law	☐ (16) Unnecessary or inefficacious drugs	☐ (25) Acceptance of more than nominal gratuity
☐ (8) Failure to cooperate	☐ (17) Criminal conviction	
☐ (9) Failure to comply	☐ (18) Criminal abortion	

Other Violations of Relevant State or Federal Law or RCW 18.130.170: _____
☐ Mental Impairment ☐ Physical Impairment

B. CLOSED AFTER INVESTIGATION:

☐ Application investigation only - Panel decides to grant without conditions	☐ A7-Mistaken identity
☐ A1-Care rendered was within standard of care	☐ A8-No jurisdiction
☐ A2-Complainant withdrew	☐ A11- No whistleblower
☐ A3- Unique closure (Panel must explain)	☐ A12-Risk minimal, not likely to reoccur
☒ A5-Evidence does not support a violation	☐ Sexual Misconduct : RCW 18.130.062 No standard of care MQAC retain / Refer to Secretary non clinical

OTHER EXPLANATIONS (Legal Review, Return to Investigation)
1)
2)

GUIDE FOR CLOSURE CODES
September 2011

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, and suspension, death of respondent or other circumstances. • (explain): _____ _____ _____
A-5	Evidence does not support a violation	• The evidence is not sufficient to establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. • This includes situations in which the investigator was unable to obtain all material evidence.
A-7	Mistaken Identity	The case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistieblower release AND the release of complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that: (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised mlf 0914-2011

Case View Screen [update]

Case	2011-162277 (PUBLIC: Internal)	Date Created	11/22/2011
Status	CLOSED	Date Received	11/21/2011
		How Received	Email
Respondent ID	330604	Receiving Board	COMMISSION
Respondent	MICHAEL HARMON STERN	Receiving Profession	Physician And Surgeon License
Credential	MD.MD.00017964	Receiving Department	Case Intake
Address	Public Mail	Received By	Cynthia R Hamilton
	MICHAEL HARMON STERN	**Alleged Issues**	
	2 - DOH Licensee Healt...	Patient Care	
		Case Nature	
		Standard of Care/Services	
Complainant ID	503410		
Complainant	MEAGAN L ANSINGH		

Audit
Entry Items
Documents
Notes
Master Cas
Participan
Add Maste
Timeline H

Comments:

- Resolution
- Action Items
- Participants
- Priority History
- HIPDB Reports
- TimeTracker

Resolution [update]

Field	Value	Field	Value
Department:	Case Management	Found Issues:	• None
Worker:	Angela M Bucci	Resolution:	• Evidence does not support a violation

Date Closed: 02/23/2012

Resolution Notes:

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼	User
Legal Case Finalized	Case Management, Bucci, Angela M		[add]		02/23/2012	02/27/2012		02/27/2012	Bucci Ange
Target:	MICHAEL HARMON STERN, MD.MD.00017964								
Change Status to Closed	Case Management, Bucci, Angela M		[add]		02/23/2012	02/27/2012		02/27/2012	Bucci Ange
Target:	MICHAEL HARMON STERN, MD.MD.00017964								
Case Status:	Status Changed To:	CLOSED							
Action Info:	Resolution Recorded?	Yes							
Comments:	Closed A-5 at 2/23/12 Commission Meeting.								
Present for Case Disposition	Case Management, Bucci, Angela M		[add]		02/23/2012	02/23/2012		02/27/2012	Bucci Ange
Target:	MICHAEL HARMON STERN, MD.MD.00017964								
Case Status:	Status Changed To:	Case Disposition							
Action Info:	Decision Date	02/23/2012							
	CMT Decision Maker 1	Cvitanovic Jack							
	CMT Decision Maker 2	Gotthold William							
	CMT Decision Maker 3	Harder Ellen							
	CMT Decision Maker 4	Hensley Frank							
	CMT Decision Maker 5	Hopkins Bruce							
	CMT Decision Maker 6	Marsh Peter							
	CMT Decision Maker 7	Ruiz Linda							
Comments:	Closed A-5 at 2/23/12 Commission Meeting.								
Forward for Legal Review	Staff Attorney, Berg, Larry J		[add]		02/10/2012			02/10/2012	Kram Mike
Target:	MICHAEL HARMON STERN, MD.MD.00017964								
Board/Commission Review	Case Management, Kramer, Mike J		[add]		02/09/2012	02/09/2012		02/10/2012	Kram Mike
Target:	MICHAEL HARMON STERN, MD.MD.00017964								
Action Info:	Reviewing Board/Commission Member 1	Gotthold William							
Assign Staff Attorney	Staff Attorney, Berg,		[add]		02/09/2012	02/09/2012		02/10/2012	Kram

	Larry J					Mike
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Forward Case File for Copies (Copy Center)	Case Management, Kramer, Mike J	[add]	02/09/2012	02/09/2012	02/10/2012	Kram Mike
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Assigned RBM/RCM	Case Management, Kramer, Mike J	[add]	02/09/2012	02/09/2012	02/10/2012	Kram Mike
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Action Info:	Reviewing Bd/Comm Member Name	Gotthold				
Forward for Case Manager Review Invest Complete	Case Management, Bucci, Angela M	[add]	02/08/2012	02/08/2012	02/08/2012	Creig Vicki
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Case Status:	Status Changed To:	Case Disposition				
Investigative Forward for Closure of Investigation	Investigation Supervisor, Smith, James H	[add]	02/08/2012	02/08/2012	02/08/2012	Creig Vicki
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Assign Investigator	Investigation, Pyles, Connie	[add]	01/03/2012	01/03/2012	01/03/2012	Creig Vicki
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Action Info:	Priority Set and Entered?	Yes				
File Location	Investigation, Creighton, Vicki I	[add]	12/05/2011	01/03/2012	12/05/2011	Creig Vicki
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Comments:	WBW DUE 12/20/2011 12/23/2011 2nd WBW letter mailed - due 1/3/2012 1/3/2012 WBW received					
Change Case Owner	Investigation, Creighton, Vicki I	[add]	12/05/2011	12/05/2011	12/05/2011	Creig Vicki
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Investigative Correspondence - General	Investigation, Creighton, Vicki 1	[add]	12/05/2011	12/05/2011	12/05/2011	Creig Vicki
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Correspondence:	Letter: **Records Request.rtf (Preview Letter)** Envelope: **envelope.rtf**					
Comments:	NOTIFICATION, ACKNOWLEDGEMENT & WBW LETTERS MAILED					
Forward for Investigation	Investigation Supervisor, Smith, James H	[add]	11/30/2011	11/30/2011	11/30/2011	Creig Vicki
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Case Status:	Status Changed To:	Investigation				
Present for Assessment	Case Management, Creighton, Vicki 1	[add]	11/22/2011	11/30/2011	11/30/2011	Creig Vicki
Target:	MICHAEL HARMON STERN, MD.MD.00017964					
Case Status:	Status Changed To:	Assessment				
Action Info:	Decision Date	11/30/2011				
	CMT Decision Maker 1	Gotthold William				
	CMT Decision Maker 2	Cullen Bruce				
	CMT Decision Maker 3	Elders Theresa				
	CMT Decision Maker 4	Winslow Mary				
	CMT Decision Maker 5	Farrell Michael				
	CMT Decision Maker 6	Slavin Tim				
	CMT Decision Maker 7	Heye George				
	CMT Decision Maker 8	McEachron Melissa				
	CMT Decision Maker 9	Creighton Vicki				
	CMT Decision Maker 10	Kramer Mike				
	CMT Decision Maker 11	Jansen Maryella				
Intake	Case Intake, Hamilton, Cynthia R	[add]	11/22/2011	11/22/2011	11/22/2011	Hami Cynth
Target:	MICHAEL HARMON STERN					
Warning:	Warning Type:	CASE PENDING				
	Warning Effective Date:	11/22/2011				
	Warning Cleared Date:	02/23/2012				
	Suppress License Print:	NO				
	Warning:	2011-162277				
Case Status:	Status Changed To:	Intake				
Action Info:	Complaint Source	Family Member				
	Possible Imminent Danger?	No				
	Single Complaint					

Process Coordination Needed?	No

Berg, Larry (DOH)

From: Bilt and Julie [wgotthold@nwi.net]
Sent: Wednesday, February 15, 2012 9:46 AM
To: Berg, Larry (DOH)
Subject: Re: MHS; 2011-162277; new case

I think I should present this. It is not just standard of care.

On 2/15/2012 8:58 AM, Berg, Larry (DOH) wrote:
Thanks for the analysis. I agree. Do you plan to present or write up for consent agenda?

From: Bilt and Julie [mailto:wgotthold@nwi.net]
Sent: Tuesday, February 14, 2012 4:20 PM
To: Berg, Larry (DOH)
Subject: Re: MHS; 2011-162277; new case

This one is a bit complicated; more-so because the law is not clear. The records suggest his nausea and appetite loss are caused by his depression, which perhaps is 'situational' related to his father's death. The various meds he had used and was using are antidepressants, rather than specific drugs for nausea and appetite loss. On the other hand, the medical theory of his regular practitioner, supported by a counselor and apparently a Psychiatrist, was that the depression and/or anxiety was causing the GI symptoms-see page 24 & 25. That fits the requirement for "standard treatment" not working. It seems the patient found the marijuana doctor website where it talks about nausea (you-tube script page 63). I think the doc was within the letter of the law in authorizing marijuana for nausea and vomiting and poor appetite, given the phrase "any other disease....." in the law.
The comment the Respondent allegedly made that marijuana might fix asthma is outside the list of reasons, but he didn't authorize it for that reason.
In any case, he cancelled the authorization after the family/MQAC notice. This patient is back to his regular treatment plan, which one hopes will help him.

Respondent apparently uses marijuana for his MS, and is a true believer in it as both harmless and useful (page 63). He doesn't seem to fit the category of "marijuana mill" doc.

1 - Attorney Work Product - RCW 42.56.290

On 2/13/2012 5:18 PM, Berg, Larry (DOH) wrote:
The patient at p. 030 reported that he had a disease that resulted in nasea, vomiting, wasting, appetite loss, unretieved by standard treatments or medications. At p. 027 is a list of meds he had tried, the implication is without success. Are any of those meds related to nausea/appetite loss ... or are they all depression meds? P. 025 documents physical symptoms nausea, vomiting, and appetitie loss ... but suggests that they are secondary to depression and anxiety, which are not qualifying conditions in themselves. Also see treatment note at p. 024. Respondent had copies of all medical records in the file. My practical sense is that if there is a disease that by itself does not constitue a qualifying condition, but is causing symptoms of nausea, vomiting, and loss of appette, then that aspect of the disease could be qualifying. At which point the issue changes to whether the symptoms are unrelieved by standard treatments or medications ... this is a poorly defined aspect. How does one make such a conclusion? Is it enough that the patient sez that the meds that have been prescribed have not helped?

No virus found in this message.
Checked by AVG - www.avg.com
Version: 2012.0.1913 / Virus Database: 2112/4811 - Release Date: 02/15/12

CONFIDENTIAL INVESTIGATIVE REPORT

PREPARED FOR THE

MEDICAL QUALITY ASSURANCE COMMISSION

CASE #2011-162277MD

Respondent: Dr. Michael H. Stern **Attorney:** NA
ATTORNEY Address: NA
Business Address: 12217 40th Ave NE
Seattle, WA 98125-5730
ILRS Address:

2 - DOH Licensee Health Professiona...

Board Certification/Type of Practice: Yes-Urology/Office Based Practice
Education: UMDNJ-Robt W Johnson Med Sch (NJ), Univ Auto De Guadalajara, Fac De Med (Mexico), UMDNJ Univ Hosp (NJ)
DOB: 04/12/46
Licenses: Washington (expires 04/12/12), California (expires 04/30/12), Oregon (inactive), New York (inactive), New Jersey (inactive)

Complainant: Meagan L. Ansingh **Attorney:** NA
3413 S. Conway Drive
Kennewick, WA 99337 (509-929-1749 hm)

Investigative Case File completed by Investigator: Connie Pyles Date: 02/06/12

APPROVED : James H Smith DATE: 2-8-12

PRIOR CASE HISTORY:

90-09-0044MD. Beyond archival retention.
Closed NCFA.

97-07-0058MD. Physicians Insurance.
Closed NCFA.

04-09-0066MD – Unprofessional behavior, i.e., providing unwanted medical advice concerning mental health, rather than urological information.

The Complainant reports he was referred to the Respondent by his PCP for a second opinion regarding his urological health. The Complainant notes that when he discussed his current medications with the Respondent on September 15, 2004, the Respondent asked him why he was on an anti-anxiety medication, going on to say that "people who regularly smile at themselves in the mirror don't experience as much anxiety." The Complainant states that he did not go to the Respondent seeking mental health advice and feels it is dangerous for the Respondent to dispense mental health advice when he is clearly not qualified to discuss the topic. The Complainant contends that the Respondent's actions were extremely out of line and left him questioning the Respondent's overall competence as an urologist.
Closed Below Threshold (not investigated).

GENERAL CASE SUMMARY

COMPLAINT / ALLEGATIONS:

The respondent reportedly wrote a medical marijuana approval for the patient who is also being treated by a psychiatrist for depression. The complainant feels that the marijuana will be detrimental to the patient.

CASE REVIEW:

On 02/01/12 the Respondent's statement was received **(Page 8).** He writes, "I am not issuing any license. I provided my opinion that medical marijuana has more benefit than risk in this patient's medical condition. I signed an authorization that states this opinion."

Continuing he writes, "I provided my opinion that the safest method of delivering the active ingredient into a patient is through the use of vaporization or ingestion. I never stated that use of marijuana cures 75% of asthma patients."

The Respondent added, "Additional information in this case has allowed me to adjust my opinion and to revoke 4 - Healthcare Informati... authorization for the use of medical marijuana. I have communicated this information to 4 - Health... I have offered to speak to him by phone or in person at any time he deems necessary at no cost. I have encouraged him to follow standard medical therapy for his problems. I have encouraged him to never use medical marijuana. I have already changed my office procedures to avoid this situation in the future."

In a conversation with the Respondent on 02/01/12 he informed me that what the patient said to him verbally at the first visit he found later was not true. At that time he stated, "We had this understanding and I issued this authorization. It turned out it wasn't as he had said it was at that visit."

In an email from the Respondent on 02/06/12 **(Pages 9-12)** he clarifies that he'd revoked his medical authorization of medical marijuana for 4 - Healthcare Informatio... because the patient "did not provide a parental consent", "did not come to me based upon a recommendation from his therapist" and was "currently taking medication that is helping him. Introduction of a new medication is not warranted in my opinion."

This investigation is completed and the case file forwarded to Program for review.

CONTACTS:

Respondent and Complainant

ACTIVITY:

Date	Activity
01/03/12	Received case file, review complaint, open case file, enter into Monthly Report for tracking purposes, begin activity log. Medical marijuana review. Compose, copy and mail LOC.
01/09/12	Received LOC returned with new address. Resent LOC to new address: 12317 40th Ave NE Seattle, WA 98125-5730
01/24/12	Received records from Respondent
02/01/12	Called Respondent's office (206-707-8494), spoke with "Becca" who stated she thought he'd sent the statement in an envelope with the records, but would check with him. She immediately called me back, stated the original was in an envelope that should have been sent with the records, but he'd email the statement as an attachment. He called and left voicemails stating it wouldn't go through, but the third call I talked with him and his secretary had written down the wrong email for me initially. I informed him I'd received the email with no attachment, which he resent while I was on the phone with him. He informed me that what the patient said to him verbally at the first visit, he found later was not true. At that time he stated, "We had this understanding and I issued this authorization. It turned out it wasn't as he had said it was at that visit." I explained the investigative process to him. Received his statement and began investigative report. Emailed Respondent for a clarification of his statement.
02/02/12	Called Becca to make sure the Respondent got my email requesting clarification of his statement. She'll speak with him and get back to me. Received email from Respondent that he'd get additional information to me.
02/06/12	Received email from Respondent with additional information. Continue and complete investigative report.

MQAC ASSIGNMENT MEMO

Case #: 2011-162277

Respondent: Stern, Michael H

Date Received: 11-30-11 Date Assigned: 11-30-11

Investigator: Connie Pyles

Priority: A____ B____ C X D____ Code: a/

✓ Respondent Notification Letter

✓ Complainant Acknowledgement Letter

✓ Whistleblower Letter & Waiver

____ Malpractice Letter

Abandonment	Health & Safety Violations	Neglect	Possible Summary Action	Sexual Misconduct
Abduction	High visibility	No Patient Harm	Practice Beyond Scope	Single Complaint Process
Abuse	Imminent Harm	Non-Compliance	Prohibition in another state	Standard of Care X
Action w/other state/jurisdiction	Inappropriate Communication	Other	Sanitation	Substance Abuse
Credential Application	Inspection Issues	Patient Abuse	Serious Injury	Testing Issues
EMTALA	Jurisdictional Questions	Patient Death	Serious Physical Harm	Transfusion Fatality
Exposure to physical/fire hazards	Mandatory Suspension	Physical Plant	Sexual Contact	Unlicensed Practice

Comments: _____

Background Check Processed ✓ JWS

NOV 30 2011 Report

NPDB/HIPDB
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

MQAC REVIEW
Case Number: 2011-162277

Date: November 22, 2011
Presented by: **George Heye, MD**

Respondent:	**STERN, MICHAEL HARMON, MD**	**King County**

Complainant:	**Ms. Meagan L. Ansingh**

CASE SUMMARY

The Respondent:

Board Certified:	UROLOGY
DOB:	04-12-1946
Licensed since:	11-14-1979
Expiration date:	04-12-2012
Medical School:	1973—U of Guadalajara; Guadalajara Mexico and 1974—UMDNJ-Robert W. Johnson Med Sch; New Brunswick, NJ
Residency:	07/1974-06/1975—UMDNJ-U Hosp; NJ— INTERNAL MEDICINE 07/1975-06/1979—UMDNJ-U Hosp; NJ— UROLOGY

The Complainant: The sister of an 18-year-old male patient

Malpractice Settlement:

The Complaint: The respondent reportedly wrote a medical marijuana approval for the patient who is also being treated by a psychiatrist for depression. The complainant feels that the marijuana will be detrimental to the patient.

RCM Review

Prior Cases:

90-09-0044MD. Beyond archival retention.
Closed NCFA.

97-07-0058MD. Physicians Insurance.
Closed NCFA.

04-09-0066MD – Unprofessional behavior, i.e., providing unwanted medical advice concerning mental health, rather than urological information.

The Complainant reports he was referred lo the Respondent by his PCP for a second opinion regarding his urological health. The Complainant notes that when he discussed his current medications with the Respondent on September 15, 2004, the Respondent asked him why he was on an anti-anxiety medication, going on to say that "people who regularly smile at themselves in the mirror don't experience as much anxiety." The Complainant states that he did not go to the Respondent seeking mental health advice and feels il is dangerous for the

Respondent to dispense mental health advice when he is clearly not quatified to discuss the topic. The Complainant contends that the Respondent's actions were extremely out of line and left him questioning the Respondent's overall competence as an urologist.
Closed Below Threshold (not investigated).

Recommendation:

the DataBank

P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DC 5 - Healthcare Integrity and Prote...
Process Date: 11/30/2011
Page: 1 of 1
5 - Healthcare Integrity and Protection ...
For authorized use by:
WASHINGTON STATE DEPARTMENT OF HEALTH

QUERY RESPONSE

This query was processed under the provisions of:

5 - He... **Title IV (NPDB)** 5 - He... **Section 1921 (NPDB)** 5 - He... **Section 1128E (HIPDB)**

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Type of Report(s)	
Medical Malpractice Payment Report(s):	5 - Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 45 CFR 61.14, RCW 42....
State Licensure Action(s):	
Exclusion or Debarment Action(s):	
Clinical Privileges Action(s):	
Professional Society Action(s):	
DEA/Federal Licensure Action(s):	
Peer Review Organization Action(s):	

B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Subject Name:	5 - Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 45 CF...
Gender:	
Date of Birth:	
Other Name(s) Used:	
Organization Name:	
Organization Type:	
Work Address:	
City, State, ZIP:	
Home Address:	
City, State, ZIP:	
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
Professional School(s) & Year of Graduation:	
Occupation/Field of Licensure (Code):	
State License Number, State of Licensure:	
Drug Enforcement Administration (DEA) Numbers:	
National Provider Identifiers (NPI):	
Federal Employer Identification Numbers (FEIN):	
Unique Physician Identification Numbers (UPIN):	

C. ENTITY INFORMATION

Entity Name:	5 - Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 45 CFR 61.1...
Authorized Agent:	
Authorized Submitter's Name:	
Authorized Submitter's Title:	
Authorized Submitter's Telephone:	

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the DataBank

P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5 - Healthcare Integrity and P...
Process Date: 10/22/1997
Page: 1 of 2
5 - Healthcare Integrity and Pr...
For authorized use by:
WASHINGTON STATE DEPARTMENT OF HEALTH

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number 5 - Healthcare Integrity and Prot...

This report is maintained under the provisions of:

5 - He... **Title IV (NPDB)** 5 - He... **Section 1921 (NPDB)** 5 - He... **Section 1128E (HIPDB)**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name:
Address:
City, State, Zip:
Country:
Name of Office:
Title or Department:
Telephone:
Entity Internal Report Reference:
Type of Report:
Previous Report Number:

5 - Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Informatio...

*The reporting entity has changed its name or address on file with the Data Banks. The following is the entity's most recent contact information reported to the Data Banks on 09/21/2011:

Entity Name:
Address:
City, State, Zip:
Country:

5 - Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – ...

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:
Other Name(s) Used:
Gender:
Date of Birth:
Organization Name:
Work Address:
City, State, ZIP:
Home Address:
City, State, ZIP:
Deceased:
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation:
Occupation/Field of Licensure (Code):
State License Number, State of Licensure:
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

5 - Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Informa...

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Date of Report:
Act/Omission Code:
Date of Act/Omission:
Payment Date:
Multiple or Single Payment:
Amount of This Payment:
Total Amount of Judgment or Settlement:

5 - Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Infor...

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Chantilly, VA 20153-0832

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DCN: 5 - Healthcare Integrity and P...
Process Date: 10/22/1997

5 - Healthcare Integrity and Pr...
For authorized use by:
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Payment Result of:
Number of Practitioners for Whom Payment is Made:
Relationship of Entity to the Practitioner:
Date of Judgment/Settlement:
Adjudicative Case Number:
Adjudicative Body Name:
Court File Number:
* Reporter's Description of Act or Omission: 5 - Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 4...

Reporter's Description of the Judgment or Settlement:

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

5 - Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 45 CFR 61.14, RCW 42.56.070(1)

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

5 -... If box is checked, this report has been disputed by the subject identified in Section B.

5 -... If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

5 -... If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission:
Date of Most Recent Change: 5 - Healthcare Integrity and ...

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Medical Quality Assurance Commission

CMT

Review of Cases

CMT Date/
Panel Members/
Decision:

MQAC CMT - NOVEMBER 30, 2011
Bill Gotthold, MD, Chair
Bruce Cullen, MD
Mimi Winslow, JD, Public Member
Terri Elders, Public Member
DECISION: **Investigation authorized**

Case No.: 2011-162277

The attached pages were reviewed:

161 - 168

MQAC REVIEW
Case Number: 2011-162277

Date: November 22, 2011
Presented by: George Heye, MD

Respondent:	STERN, MICHAEL HARMON, MD	King County

Complainant:	Ms. Meagan L. Ansingh

CASE SUMMARY

The Respondent:

Board Certified:	UROLOGY
DOB:	04-12-1946
Licensed since:	11-14-1979
Expiration date:	04-12-2012
Medical School:	1973—U of Guadalajara; Guadalajara Mexico and 1974—UMDNJ-Robert W. Johnson Med Sch; New Brunswick, NJ
Residency:	07/1974-06/1975—UMDNJ-U Hosp; NJ— INTERNAL MEDICINE 07/1975-06/1979—UMDNJ-U Hosp; NJ— UROLOGY

The Complainant: The sister of an 18-year-old male patient

Malpractice Settlement:

The Complaint: The respondent reportedly wrote a medical marijuana approval for the patient who is also being treated by a psychiatrist for depression. The complainant feels that the marijuana will be detrimental to the patient.

RCM Review

Prior Cases:

90-09-0044MD. Beyond archival retention.
Closed NCFA.

97-07-0058MD. Physicians Insurance.
Closed NCFA.

04-09-0066MD – Unprofessional behavior, i.e., providing unwanted medical advice concerning mental health, rather than urological information.

The Complainant reports he was referred to the Respondent by his PCP for a second opinion regarding his urological health. The Complainant notes that when he discussed his current medications with the Respondent on September 15, 2004, the Respondent asked him why he was on an anti-anxiety medication, going on to say that "people who regularly smile at themselves in the mirror don't experience as much anxiety." The Complainant states that he did not go to the Respondent seeking mental health advice and feels it is dangerous for the

Respondent to dispense mental health advice when he is clearly not qualified to discuss the topic. The Complainant contends that the Respondent's actions were extremely out of line and left him questioning the Respondent's overall competence as an urologist.
Closed Below Threshold (not investigated).

Recommendation:

Hamilton, Cindy (DOH)

From: DOH HSQA Complaint Intake
Sent: Monday, November 21, 2011 10:19 AM
To: Hamilton, Cindy (DOH); Hamilton, Cindy (DOH)
Subject: FW: Provider Complaint
Attachments: DOH Dr. Stern Complaint.doc

This one is an MD complaint.

Kristi Cholski
State of Washington, Dept of Health
Office of Customer Service
Complaint Intake Unit
PO Box 47857
Olympia WA 98504-7857
360-236-4934
360-236-4618 fax
360-236-2620 Complaint Intake Unit
kristi.cholski@doh.wa.gov
Complaint form: www.doh.wa.gov/hsqa
Provider Look-up: https://fortress.wa.gov/doh/providercredentialsearch

Public Health - Always Working for a Safer and Healthier Washington

From: Meagan Ansingh [mailto:ansinghm@hotmail.com]
Sent: Monday, November 21, 2011 9:11 AM
To: DOH HSQA Complaint Intake
Subject: Provider Complaint

To whom it may concern,

I have attached the formal complaint document. Please notify me if you require any further assistance.

Sincerely,

Meagan L. Ansingh
509-929-1749

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

Complaint Form

Today's Date: November 21, 2011

1. Your Information

Name: Meagan L. Ansingh

Address: 3413 S. Conway Dr.

City: Kennewick State: WA Zip: 99337

Phone: Work (509) 929–1749 Home (509) 586–8595 _

2. Information about the Facility or Health Care Professional

Type of facility or profession: Medical Doctor

Name of facility or professional: Michael Stern, MD

Address: PO Box 4385

City: Spanaway State: WA Zip: 98387

3. Resident/Guest/Patient Information

Full Name (if different than above) 4 - Healthcare Information Readil...

Date of Birth (of patient, if complaint involves a patient) 4 - Healthcare Inf...

Date of incident: November 19, 2011

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at **HSQAComplaintIntake@doh.wa.gov**, or fax to 360.236.4818, or mail to:

Washington State Department of Health
P.O. Box 47857
Olympia WA 98504-7857.

Please attach any supporting documentation and additional sheets if necessary.

To whom it may concern:

I am concerned about Dr. Michael Stern who 2 days ago gave my younger brother who is 18, but still a senior in high school, a medical marijuana license. 4 - Heal... and I lost our father just over 3 years ago very suddenly and just over a month ago 4 - He... finally started to get treatment for his depression which had somatasized into physical issues; not being able to eat, vomiting anything he tried to eat, unable to sleep, etc. Along with seeing his family practice physician, 4 - Hea... has also been seeing a psychiatrist who put him on a SSRI for his depression. I happen to work in the psychiatric field myself and know that they had not even come close to exhausting the options to help 4 - Hea... resolve his psychiatric issues. 4 - Healt... found Dr. Stern's website online and made the appointment himself, and after only 1 visit the doctor decided 4 - Health... needed his license. Dr. Stern even informed 4 - Heal... that if he took the marijuana in his nebulizer that there is a 75% chance of curing his asthma. If the FDA ever found a pharmaceutical company making off label claims there would be millions of dollars in fines, how is this okay for a doctor to do? Even though 4 - Healt... is 18 and legal in the eyes of the law, he is still a child and I feel that Dr. Stern is not looking out for my brother's best interest. Starting marijuana at this age will close many doors for him. 4 - Heal... is still very immature and felt like he needed to fix his problems now and could not wait for the 6-8 weeks that it takes for an anti-depressant to take effect. I would hope a medical doctor would be able to discern the difference between a patient who really needs help and a teenager who is unable to wait for prescription medicine to take effect. I appreciate your time looking into this matter.

Sincerely,

Meagan L. Ansingh

For Department of Health use only:

Reviewed for multiple authority applications		date	name
Routed to:	Multi-authority coordinator		date
	Office	date	
	Office	date	

Hamilton, Cindy (DOH)

From: Smith, James H (DOH)
Sent: Wednesday, November 23, 2011 8:56 AM
To: Painter, Donald (DOH); 'Burkhardt, Jim'; Chester, Grant B (DOH); Magby, David (DOH)
Cc: 'William Dramis'; Hamilton, Cindy (DOH)
Subject: RE: information

Don, it looks like the Michael Stern is an MD urologist. See the attached link, http://www.youtube.com/watch?v=XijOlliY9pg.

Thanks jhs

From: Painter, Donald (DOH)
Sent: Wednesday, November 23, 2011 8:24 AM
To: 'Burkhardt, Jim'; Smith, James H (DOH); Chester, Grant B (DOH); Magby, David (DOH)
Cc: William Dramis
Subject: RE: information

Thanks Jim, it appears that Jim Smith with MQAC have opened a case file on this so would be your contact and Kennewick's contact for this case.

Don Painter
Chief Investigator
Dept. of Health
Office of Investigation and Inspection
POBox 47874
Olympia, WA 98504
Phone 360 236 4657

From: Burkhardt, Jim [mailto:jim.burkhardt@oci.fda.gov]
Sent: Wednesday, November 23, 2011 8:06 AM
To: Smith, James H (DOH); Chester, Grant B (DOH); Magby, David (DOH); Painter, Donald (DOH)
Cc: William Dramis
Subject: FW: information

Gentlemen,

Please see forwarded email below.

Bill Dramis is a Detective with the Kennewick Police Department.

This referral involves allegations that a Seattle doctor, Dr. Michael Stern, M.D., is trading medical marijuana cards for cash to patients who have no need for the drug.

Please contact either Detective Dramis or the compiaining party directly for further information.

Thanks,

Jim

From: William Dramis [mailto:william.dramis@ci.kennewick.wa.us]
Sent: Tuesday, November 22, 2011 3:55 PM
To: Burkhardt, Jim
Subject: information

Jim,

As per our conversation.

I was contacted by reporting party Megan Ansingh (509-929-1749) on 11-22-11; Megan works as a Regional Drug Rep and Shannon has known her for over 2 years. Megan's brother is 4 - Healthcare Inf... (4 - Healthc... , currently a student at Zillah High School in Yakima. Lucas was referred to a Doctor in Seattle and on 11-19-11 drove to Seattle where he paid Dr. Michael Stern MD in cash to obtain a Medical marijuana Card; according to Megan, 4 - H... was told how to use a nebulizer filled with marijuana to treat his asthma and given information that seemed counter-intuitive for treatment. Megan explained she believed this Doctor has provided Marijuana cards for cash to many others.

Megan is willing to speak with anyone to help her brother and to ensure that this information gets to someone that can do something with it.

Let me know what you need on your end on your deal; I appreciate the help with this one.

BILL

Case View Screen [update]

Case	2011-162277 (PUBLIC: Internal)	Date Created	11/22/2011	**Audit**	
Status	Intake	Date Received	11/21/2011	Entry Items	
		How Received	Email	Documents	
Respondent ID	330604	Receiving Board	COMMISSION	Notes	
Respondent	**MICHAEL HARMON STERN**	Receiving Profession	Physician And Surgeon License	Master Cases	
Credential	MD.MD.00017964	Receiving Department	Case Intake	**Participants**	
Address	Public ◉ Mail	Received By	Cynthia R Hamilton	Add Master Case	
	MICHAEL HARMON STERN	**Alleged Issues**		Timeline History	
	2 - DOH Licensee Heal...	Patient Care			
		Case Nature			
		Standard of Care/Services			
Complainant ID	503410				
Complainant	**MEAGAN L ANSINGH**				

Comments:

- **Action Items**
- **Resolution**
- **Participants**
- **Priority History**
- **HIPDB Reports**
- **TimeTracker**

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼	User
Intake	Case Intake, Hamilton, Cynthia R		[add]		11/22/2011	11/22/2011		11/22/2011	Hamilton, Cynthia R
Target:	MICHAEL HARMON STERN								
Warning:	Warning Type:	CASE PENDING							
	Warning Effective Date:	11/22/2011							
	Suppress License Print:	NO							
	Warning:	2011-162277							
Case Status:	Status Changed To:	Intake							
Action Info:	Complaint Source	Family Member							
	Possible Imminent Danger?	No							
	Single Complaint Process Coordination Needed?	No							

AMA AMERICAN MEDICAL ASSOCIATION

AMA Physician Profile

Name and Mailing Address:

MICHAEL HARMON STERN MD

2 - DOH Licensee Health Prof...

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate: 04/12/1946

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: UROLOGY

Secondary Specialty: UNSPECIFIED

"Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: NON MEMBER

All Information from this Point Forward is Provided by the Primary Source

Current and/or Historical Medical School:

UMDNJ-ROBT W JOHNSON MED SCH, NEW BRUNSWICK NJ 08901

Certificate Awarded: 5th Pathway

Certificate Year: 1974

UNIV AUTO DE GUADALAJARA, FAC DE MED, GUADALAJARA, JALISCO, MEXICO

Certificate Awarded: Yes

Certificate Year: 1973

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AMA AMERICAN MEDICAL ASSOCIATION

AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: UMDNJ-UNIV HOSP
Sponsoring State: NEW JERSEY
Specialty: UROLOGY
Dates: 07/1975 - 06/1979 (VERIFIED)

Sponsoring Institution: UMDNJ-UNIV HOSP
Sponsoring State: NEW JERSEY
Specialty: INTERNAL MEDICINE
Dates: 07/1974 - 06/1975 (VERIFIED)

Note: ***If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.***

Current and/or Historical Medical Licensure:

Jurisdiction	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
CALIFORNIA	MD	05/23/2008	04/30/2012	ACTIVE	UNLIMITED	10/05/2011
OREGON	MD	01/12/1980	12/31/2006	INACTIVE	LIMITED	11/02/2006
WASHINGTON	MD	11/14/1979	04/12/2012	ACTIVE	UNLIMITED	11/01/2011
NEW YORK	MD	09/15/1975	NOT RPTD	INACTIVE	UNLIMITED	01/11/2008
NEW JERSEY	MD	01/01/1975	NOT RPTD	INACTIVE	UNLIMITED	02/25/2003

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AMA AMERICAN MEDICAL ASSOCIATION

AMA Physician Profile

Current and/or Historical NPI Information:

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1730307018	04/23/2007	NOT RPTD	NOT RPTD	NOT RPTD	10/28/2011

ECFMG Certification:

Applicant Number: 01854041

Note: **The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.**

Federal Drug Enforcement Administration:

* *Only the last three characters of active DEA number(s) are displayed.*

DEA Number *	Schedule	Expiration Date	Last Reported
XXXXXX460	22N 33N 4 5	02/29/2012	11/07/2011

Address: 2 - DOH Licensee Health Professional Home Address and/or Phon...

Note: **Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.**

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

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AMA AMERICAN MEDICAL ASSOCIATION

AMA Physician Profile

Certifying Board: AMERICAN BOARD OF UROLOGY
Certificate: UROLOGY
Certificate Type: GENERAL

Duration	Effective	Expiration	Reverification	Occurrence	Last Reported
LIFETIME	02/18/1983			INITIAL	11/03/2011

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINSTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (http://www.ama-assn.org/go/amaprofiles) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800- 665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

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Credential View Screen

MICHAEL HARMON STERN
Address:
Public Mail
MICHAEL HARMON STERN
2 - DOH Licensee He...

ID	330604
Warnings	
SSN/FEIN	3 - DOH Licen...
Contact Standing	Living
Contact Type	INDIVIDUAL
Birth Date	04/12/1946
Public File	**YES**
Mailing List	
US Citizen	
Legacy Licensure Name	STERN, MICHAEL HARMON

Comments: CA lic verif sent 4/8/08

Contact 04-09-0066 BT
Audit
Enforcement View
Cont. Edu
Documents
Owned By/Key Mgmt
Exams
Experience
Notes
Schools
Librarian
Other State License
Online Information

Physician And Surgeon License **[form letter]**

Credential #	**MD.MD.00017964**
Legacy License #	**MD00017964**
Application Date	
Effective Date	**04/13/2010**
Expiration Date	**04/12/2012**
First Issuance Date	11/14/1979
Last Date Of Contact	
CE Due Date	04/12/2012

Credential Status	**ACTIVE** (04/27/2010)
Status Reason	ACTIVE
Amount Due	**$0.00**
Date Last Activity	4/27/2010 11:41:25 **AM**
Last Updated by	Stewart, Kevin
Certificate Sent Date	04/28/2010

Audit
Documents
Verification
Workflow
Key Mgmt
Fees
Notes
Print Docs
Comp. Audit
Renewal
Legacy
License Status History

Comments:
- **Supervises**
- **User Defined License Data**
- **Workflow**
- **Legacy**

Supervises **[update]** **[Show All]**
No active Supervises Data.

Legacy Complaint History
Legacy Contact Information
Legacy Credential History
Legacy Renewal Information
Legacy Revenue History
Legacy-Ontrack-Complainant

2011-162277

Complainant View for 2011-162277 [back]

MEAGAN L ANSINGH

[change address]

○ Public ◉ Mail

MEAGAN L ANSINGH
3413 S. CONWAY DR.
KENNEWICK, WA 99337

ID	503410
Contact Standing	Living
DOB:	05/11/1983
Phone #	(509) 929-1749
SSN/FEIN	6 - Personal I...
Public File	YES
Mailing List	
Contact Type	INDIVIDUAL

Comments:

- **Credentials**
- **Personal Information**

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
PHAA.VB.00070940		Pharmacy Assistant License	05/12/2008	05/11/2010	EXPIRED IN RENEWAL	ELIGIBLE FOR LATE RENEWAL

Personal Information [update]

Field	Value
Birth Date	05/11/1983
Birth City	
Birth State	
Birth Country	
Gender	F
Height	
Weight	
Eye Color	
Hair Color	
Race	
Deceased Date	

Return to Case | Update Contact | Change Contact

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

March 2, 2012

Meagan Ansinch
3413 S. Conway Drive
Kennewick, WA 99337

Subject: Michael H. Stern, MD
RE: Case No. 2011-162277; MD00017964

Dear Ms. Ansinch:

The Medical Quality Assurance Commission has completed its investigation concerning Michael H. Stern, MD. The Commission is committed to protecting the health and safety of citizens of the State of Washington. The Commission takes every complaint seriously.

To take disciplinary action against a physician's license, the Commission is required to prove by clear and convincing evidence, a high burden of proof, that the physician's conduct violated the law. After careful review of the information gathered during the investigation, the Commission determined that the evidence does not support a violation of the law. Based on this review, the Commission closed the case.

You may request reconsideration within thirty days of receiving this letter by submitting new information to the address below. The subject of the investigation by law will be notified of any new information submitted and given a chance to respond.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission.

Sincerely,

(for)

Melissa McEachron, Program Administrator
Medical Quality Assurance Commission
PO Box 47866, Olympia, WA 98504-7866

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

March 2, 2012

Michael H. Stern, MD

2 - DOH Licensee Health Professiona...

RE: Michael H. Stern, MD
Case No. 2011-162277; MD00017964

Dear Dr. Stern:

The Medical Quality Assurance Commission has completed its investigation. The Commission is committed to protecting the health and safety of the citizens of the state of Washington. The Commission takes every complaint seriously.

To take disciplinary action against a physician's license, the Commission is required to prove by clear and convincing evidence that the physician's conduct violated the law. After careful review of the information gathered during the investigation, the Commission determined that the evidence does not support a violation of the law. Based on this review, the Commission closed the case.

Washington State law provides you with the right to submit an additional written statement if you wish. Any statement you provide will be added to the investigative file. The investigative file is subject to public release pursuant to the Washington State Public Records Act.

The Washington State Public Records Act also provides you with the right to request copies of documents from the investigative file. If you would like a copy of the investigative report, or copies of documents gathered during the investigation, please submit a request to the Department of Health, Public Disclosure Unit, PO Box 47865, Olympia, WA 98504-7865 or fax your request to 360-586-2171.

The Commission thanks you for your cooperation during this investigation. The Commission understands that being investigated in disconcerting and inconvenient. Many physicians use this experience to initiate a self-critique of their practice and, when indicated, modify or improve certain areas of a practice. Thank you again for your cooperation in this matter.

Respectfully,

Dani Newman, Disciplinary Manager
Medical Quality Assurance Commission

EVIDENCE / ATTACHMENTS:

Page	Description
1	WAC 246-15-030 notice
2-7	Complaint and accompanying emails
8-12	Respondent's statement and accompanying email with clarification information.
13-41	Medical records for Complainant

SUPPORTING DOCUMENTATION:

42-48	Correspondence to and from Complainant
49-66	Correspondence to and from Respondent and internet research from his website

NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 ***shall remain confidential***.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

Complaint Form

Today's Date: November 21, 2011

1. Your Information

Name: Meagan L. Ansingh

Address: 3413 S. Conway Dr.

City: Kennewick State: WA Zip: 99337

Phone: Work (509) 929–1749 Home (509) 586–8595 _

2. Information about the Facility or Health Care Professional

Type of facility or profession: Medical Doctor

Name of facility or professional: Michael Stern, MD

Address: PO Box 4385

City: Spanaway State: WA Zip: 98387

3. Resident/Guest/Patient Information

Full Name (if different than above) 4 - Healthcare Information Readily ...

Date of Birth (of patient, if complaint involves a patient) 4 - Healthcare Info...

Date of incident: November 19, 2011

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at **HSQAComplaintIntake@doh.wa.gov**, or fax to 360.236.4818, or mail to:

Washington State Department of Health
P.O. Box 47857
Olympia WA 98504-7857.

Please attach any supporting documentation and additional sheets if necessary.

To whom it may concern:

MD 2011-162277-000002
STERN, MICHAEL MD_2011-162277 PAGE 39

Hamilton, Cindy (DOH)

From: DOH HSQA Complaint Intake
Sent: Monday, November 21, 2011 10:19 AM
To: Hamilton, Cindy (DOH); Hamilton, Cindy (DOH)
Subject: FW: Provider Complaint
Attachments: DOH Dr. Stern Complaint.doc

This one is an MD complaint.

Kristi Cholski
State of Washington, Dept of Health
Office of Customer Service
Complaint Intake Unit
PO Box 47857
Olympia WA 98504-7857
360-236-4934
360-236-4818 fax
360-236-2620 Complaint Intake Unit
kristi.cholski@doh.wa.gov
Complaint form: www.doh.wa.gov/hsqa
Provider Look-up: https://fortress.wa.gov/doh/providercredentialsearch

Public Health - Always Working for a Safer and Healthier Washington

From: Meagan Ansingh [mailto:ansinghm@hotmail.com]
Sent: Monday, November 21, 2011 9:11 AM
To: DOH HSQA Complaint Intake
Subject: Provider Complaint

To whom it may concern,

I have attached the formal complaint document. Please notify me if you require any further assistance.

Sincerely,

Meagan L. Ansingh
509-929-1749

MD 2011-162277-000003
STERN, MICHAEL MD_2011-162277 PAGE 40

I am concerned about Dr. Michael Stern who 2 days ago gave my younger brother who is 18, but still a senior in high school, a medical marijuana license. 4 - Healt... and I lost our father just over 3 years ago very suddenly and just over a month ago 4 - Health... finally started to get treatment for his depression which had somatasized into physical issues; not being able to eat, vomiting anything he tried to eat, unable to sleep, etc. Along with seeing his family practice physician, 4 - Healt... has also been seeing a psychiatrist who put him on a SSRI for his depression. I happen to work in the psychiatric field myself and know that they had not even come close to exhausting the options to help 4 - Healt... resolve his psychiatric issues. 4 - Healt... found Dr. Stern's website online and made the appointment himself, and after only 1 visit the doctor decided 4 - Health... needed his license. Dr. Stern even informed 4 - Healt... that if he took the marijuana in his nebulizer that there is a 75% chance of curing his asthma. If the FDA ever found a pharmaceutical company making off label claims there would be millions of dollars in fines, how is this okay for a doctor to do? Even though 4 - Healt... is 18 and legal in the eyes of the law, he is still a child and I feel that Dr. Stern is not looking out for my brother's best interest. Starting marijuana at this age will close many doors for him. 4 - Heal... is still very immature and felt like he needed to fix his problems now and could not wait for the 6-8 weeks that it takes for an anti-depressant to take effect. I would hope a medical doctor would be able to discern the difference between a patient who really needs help and a teenager who is unable to wait for prescription medicine to take effect. I appreciate your time looking into this matter.

Sincerely,

Meagan L. Ansingh

MD_2011-162277-000041
STERN, MICHAEL MD_2011-162277 PAGE 41

For Department of Health use only:

Reviewed for multiple authority applications		date	name
Routed to:	Multi-authority coordinator		date
	Office	date	
	Office	date	

MD 2011-162277-000005
STERN, MICHAEL MD_2011-162277 PAGE 42

Hamilton, Cindy (DOH)

From: Smith, James H (DOH)
Sent: Wednesday, November 23, 2011 8:56 AM
To: Painter, Donald (DOH); 'Burkhardt, Jim'; Chester, Grant B (DOH); Magby, David (DOH)
Cc: 'William Dramis'; Hamilton, Cindy (DOH)
Subject: RE: information

Don, it looks like the Michael Stern is an MD urologist. See the attached link, http://www.youtube.com/watch?v=XijOlliY9pg.

Thanks jhs

From: Painter, Donald (DOH)
Sent: Wednesday, November 23, 2011 8:24 AM
To: 'Burkhardt, Jim'; Smith, James H (DOH); Chester, Grant B (DOH); Magby, David (DOH)
Cc: William Dramis
Subject: RE: information

Thanks Jim, it appears that Jim Smith with MQAC have opened a case file on this so would be your contact and Kennewick's contact for this case.

Don Painter
Chief Investigator
Dept. of Health
Office of Investigation and Inspection
POBox 47874
Olympia, WA 98504
Phone 360 236 4657

From: Burkhardt, Jim [mailto:jim.burkhardt@oci.fda.gov]
Sent: Wednesday, November 23, 2011 8:06 AM
To: Smith, James H (DOH); Chester, Grant B (DOH); Magby, David (DOH); Painter, Donald (DOH)
Cc: William Dramis
Subject: FW: information

Gentlemen,

Please see forwarded email below.

Bill Dramis is a Detective with the Kennewick Police Department.

This referral involves allegations that a Seattle doctor, Dr. Michael Stern, M.D., is trading medical marijuana cards for cash to patients who have no need for the drug.

Please contact either Detective Dramis or the complaining party directly for further information.

Thanks,

Jim

MD 2011-162277-000006
STERN, MICHAEL MD_2011-162277 PAGE 43

From: William Dramis [mailto:william.dramis@ci.kennewick.wa.us]
Sent: Tuesday, November 22, 2011 3:55 PM
To: Burkhardt, Jim
Subject: information

Jim,

As per our conversation.

I was contacted by reporting party Megan Ansingh (509-929-1749) on 11-22-11; Megan works as a Regional Drug Rep and Shannon has known her for over 2 years. Megan's brother is 4 - Healthcare Info... (4 - Healthc...), currently a student at Zillah High School in Yakima. 4 - He... was referred to a Doctor in Seattle and on 11-19-11 drove to Seattle where he paid Dr. Michael Stern MD in cash to obtain a Medical marijuana Card; according to Megan, 4 - He... was told how to use a nebulizer filled with marijuana to treat his asthma and given information that seemed counter-intuitive for treatment. Megan explained she believed this Doctor has provided Marijuana cards for cash to many others.

Megan is willing to speak with anyone to help her brother and to ensure that this information gets to someone that can do something with it.

Let me know what you need on your end on your deal; I appreciate the help with this one.

BILL

MD_2011-162277-000057
STERN, MICHAEL MD_2011-162277 PAGE 44

Northwest Healthy Options
Michael H Stern M.D., Medical Director
12317 40TH AVE. NE
Seattle, Wa 98125

Connie Pyles
Healthcare Investigator
Medical Quality Assurance Commission
PO Box 47866
Olympia, Wa 98504

January 21, 2012
RE: 4 - Healthcare Informa... DOB 4 - Healthcar...
Enclosure-copy of Office chart

Dear Ms. Pyles:
I am not issuing any license. I provide my opinion that medical marijuana has more benefit than risk in this patient's medical condition. I signed an authorization that states this opinion.

In response to the letter from Meagan L. Ansingh:
I provided my opinion that the safest method of delivering the active ingredient into a patient is through the use of vaporization or ingestion. I never stated that use of marijuana cures 75% of asthma patients. I provided my opinion that there are reports that the active ingredient provides bronchodilation and anti-inflammatory affects which may positively impact some patients with asthma.

Additional information in this case has allowed me to adjust my opinion and to revoke 4 - Healthcare Informat... s authorization for the use of medical marijuana.. I have communicated this information to 4 - Healt... . I have offered to speak to him by phone or in person at any time he deems necessary at no cost. I have encouraged him to follow standard medical therapy for his problems. I have encouraged him to never use medical marijuana. I have already changed my office procedures to avoid this situation in the future.

Respectfully yours,

Michael H Stern M.D.

Pyles, Connie M (DOH)

To: MICHAEL STERN
Subject: RE: Letter re: 4 - Healthcare Infor...

02/06/12
Thank you Dr. Stern! I will get that report out today.
Respectfully,

Connie Pyles, Healthcare Investigator
Medical Quality Assurance Commission
Department of Health
243 Israel Rd SE
PO BOX 47866
Olympia, WA 98504-7866
360-236-2776 (phone)
360-236-2795(fax)
connie.pyles@doh.wa.gov
Web: http:/doh.wa.gov<http://doh.wa.gov>
Provider credential lookup: https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp

Medical Quality Assurance Commission (MQAC) - Promoting Patient Safety & enhancing the Integrity of the Profession Through Licensing, Discipline, Rule-Making and Education

From: MICHAEL STERN [mailto:drstern.nwho@gmail.com]
Sent: Monday, February 06, 2012 1:59 PM
To: Pyles, Connie M (DOH)
Subject: Re: Letter re: 4 - Healthcare Infor...

Email response to Connie Pyles

February 6,2012.

RE: 4 - Healthcare Information Rea...

Official office policy for NW Healthy Options:

1. Authorization for patients under 21 years old must have a signed consent from a parent or guardian.

2. Patients are only given appointments after a review of their medical records supporting that the patient has a debilitating disease unresponsive to standard medical treatment.

3. The debilitating medical illness is listed in the Washington state law and qualifies the patient to receive a document with my medical opinion that there is more benefit than risk in the use of medical marijuana.

4. Valid driver's license proving Washington State residency.

I changed my opinion with new information.

The patient did not provide a parental consent .

The patient did not come to me based upon a recommendation from his therapist.

The patient is currently taking medication that is helping him. Introduction of a new medication is not warranted in my opinion.

After a review of the records and a conversation with the patient my final judgment changed (revocation of the authorization) that this patient's medical condition of depression and an eating disorder did not satisfy my official office policy and criteria for issuing an authorization for the use of medical marijuana.

Respectfully Yours,

Michael H. Stern, MD

Medical Director

On Wed, Feb 1, 2012 at 3:40 PM, Pyles, Connie M (DOH) <Connie.Pyles@doh.wa.gov> wrote:

02/01/12

Greetings Dr. Stern:

In reading over your statement and looking at the medical records, it is not clear to me why you revoked 4 - Healthcare Inf... authorization for medical marijuana. What is the "additionat information" that allowed you to adjust your opinion and revoke the authorization? Please enclose any supporting documentation with this explanation. I see the patient was to have brought his mother's approval. Did you ever receive it? It would be beneficial if you could define the criteria that needs to be met in order to obtain the authorization for medical marijuana. Thanks for the additional information.

Connie Pyles, Healthcare Investigator

Medical Quality Assurance Commission

Department of Health

243 Israel Rd SE

PO BOX 47866

Olympia, WA 98504-7866

360-236-2776 (phone)

360-236-2795(fax)

connie.pyles@doh.wa.gov

Web: http:/doh.wa.gov<http://doh.wa.gov>

Provider credential lookup: https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp

Medical Quality Assurance Commission (MQAC) - Promoting Patient Safety & enhancing the Integrity of the Profession Through Licensing, Discipline, Rule-Making and Education

From: MICHAEL STERN [mailto:drstern.nwho@gmail.com]
Sent: Wednesday, February 01, 2012 2:18 PM
To: Pyles, Connie M (DOH)
Subject: Letter re: 4 - Healthcare Info...

I apologize for the letter of explanation not being enclosed with the patient's records. Please refer to the attachment. I will call to confirm that you received it.

Respectfully yours,

--
MICHAEL STERN MD

206 707 8494

DRSTERN.NWHO@GMAIL.COM

WWW.NWHEALTHYOPTIONS.COM

--
MICHAEL STERN MD
206 707 8494

DRSTERN.NWHO@GMAIL.COM
WWW.NWHEALTHYOPTIONS.COM

MD 2011-162277-000012
STERN, MICHAEL MD_2011-162277 PAGE 49

NW Healthy Options
206-428-6078
206-219-0462 Fax
info@nw-ho.com

Michael Stern MD Seattle Wa.

RECEIVED
JAN 24 2012
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

PATIENTS ACKNOWLEDGMENT AND CONSENT TO USE CANNABIS
(MEDICAL MARIJUANA) IN WASHINGTON STATE

Patients Name _____ Date: 11-17-11

Initials

LF I voluntarily consent to receive medical and health care services from NW Healthy Options \ Michael Stern M.D. WA license# MD00017964

LF I have been assured that records relating to my care will be kept confidential and that no information will be released or printed that would disclose personal identity, unless required by law.

LF I authorize NW Healthy Options and Dr. Michael Stern to communicate, acknowledge and verify to Law Enforcement officials, dispensaries, and coops that I have received an authorization to use cannabis (medical marijuana).

LF I understand that I must be a Washington State resident to obtain an authorization for the use of cannabis (medical marijuana). Non-Washington residents are not able to use cannabis (medical marijuana) while in Washington.

LF I am aware that the Food and Drug Administration has not approved the safety and effectiveness of cannabis (medical marijuana) as a drug.

LF I consent to using cannabis (medical marijuana) only for the treatment of the symptoms stated in the medical declaration.

LF I am aware that medical cannabis has not been approved under Federal Regulations and I understand that **Cannabis\Medical Marijuana has not been deemed legal under federal law**.

LF I understand the potential risks associated with the use of medical marijuana, including, but not limited to, the effect on my cardiovascular and pulmonary systems (heart and lungs), psychomotor performance, risks associated with the long-term use of marijuana, as well as **potential drug dependency**.

LF I am aware that the benefits and risks associated with the use of cannabis (medical marijuana) are not fully understood and that the use of marijuana may involve risks that have not been identified;. **I accept those risks.**

LF I accept all the aforementioned risks and will not hold NW Healthy Options or Michael Stern, M.D. responsible for any legal ramifications.

LF Furthermore, I, the undersigned, my heirs, assignees, or anyone acting on my behalf, hold the physician and his/principals, agents, and employees, free of and harmless from any liability resulting from my use of cannabis (medical marijuana).

LF I attest that the information I have submitted to NW Healthy Options is correct and any medical history presented to the doctor is also factual and complete. I attest that the information on this form is correct and any medical history presented or discussed with the doctor is also factual and complete to the best of my knowledge. I do not plan or intend to use my Physician's recommendation for the purpose of illegally obtaining cannabis (medical marijuana).

LF I affirm that I am a Washington state resident and that I have a serious medical condition that adversely affects my quality of life. I have found, or am interested in finding whether cannabis (medical marijuana) provides substantial relief and improvement in my condition.

X_____ X_____ Date_____
PLEASE PRINT YOUR NAME Signature

X 4 - Healthcare Information Readily Ide... X 4 - Healthcare Information Readily Identifiable to ... Date: 11-19-11
Print your name if UNDER AGE 21 Signature

X_____ X_____ Date:_____
Print (Parent or guardian) Signature

Summitview Family Medicine
(509) 454-6300

6201 Summitview Ave
Yakima, WA 98908

Vani Bremjit, MD Scott Heflick, MD

01/07/2009

4 - Healthcare Information Readi...

DOB: 4 - Healthcare Informat...

S: This 15-year-old is here for swollen sore tonsils. He also has some stuffy nose. No cough or shortness of breath. He is on Zyrtec and albuterol. He has a history of asthma. He uses the albuterol rarely. He takes Zyrtec for allergies. He used to be on Singulair which is not covered on his insurance.

FH: Significant for coronary artery disease. His 53-year-old dad collapsed and died of MI in October of 2008. His great uncle also died in his fifties.

O: On examination patient looks comfortable. Temperature 97.9. Pulse 90. Weight 105. HEENT – throat inflamed. No exudates. Ears normal. Neck normal. RS – clear to auscultation. CV – normal heart sounds. Extremities – no pallor. No rash.

A:
1. UPPER RESPIRATORY INFECTION – RULE OUT STREP.
2. ASTHMA.

P:
1. Zithromax given for five days.
2. Push fluids.
3. Tylenol as needed.
4. Albuterol inhaler – two puffs every four to six hours as needed.
5. Continue with Zyrtec.
6. I told mom to take him for counseling. He does not talk about his dad's death, according to his mom, but mom thinks he is having a difficult time coping.

VB:nd
DT: 01/08/2009 file # 6631

VB
Vani Bremjit, M.D.

Summitview Family Medicine
6201 Summitview Ave
Yakima, Washington 98908

Progress Notes

Date 4/16/09 T 99.4 Wt 113
Appt time ___ P 64 Ht 63
Age 15yrs RP 12 OTC ___
Imm ___ BP ___ LMP ___
UTD

Rt foot & ankle x 1 d after skateboarding accident

Albuterol prn

PCN

P. Vasquez CMA

Date 4/16/09 T ___ Wt 117
Appt time ___ P 68 Ht 63 1/4
Age 15yrs RP 12 OTC ___
Imm ___ BP 98/60 LMP ___
UTD

Allergies, ears plugged x 2 mos

Albuterol prn
Zyrtec 10mg qd

Allergies - PCN

P. Vasquez CMA

Name ___ DO

4 - Healthcare Information Readily Identifiable to a Person - RC...
4 - Healthcare Information Readily Identifiable...

Summitview Family Medicine
(509) 454-6300

6201 Summitview Ave
Yakima, WA 98908

Veni Bremjit, MD Scott Heflick, MD

03/04/2009

4 - Healthcare Information Readi...

DOB: 4 - Healthcare Inf...

S: This 15-year-old is here for sore throat, fever, chest congestion of three days' duration. He has some phlegm in the chest and unable to cough it out. He has a history of asthma. His last inhaler use was last night. No GI symptoms.

O: On examination patient looks comfortable. Temperature 98.8. HEENT – throat inflamed. Ears – fluid noted. Neck normal. RS – he has mild expiratory wheezes. CV – normal heart sounds. Extremities – no pallor. No rash.

A: UPPER RESPIRATORY INFECTION AND EXACERBATION OF ASTHMA.

P:
1. Ceftin 250 b.i.d. for ten days.
2. Prednisone 20 mg once a day for seven days.
3. Albuterol inhaler or nebulizers every four to six hours for the next few days, then p.r.n.
4. Call office for persistent or worsening symptoms.

VB:nd
DT: 03/05/2009 file # 7729

✓ **Vani Bremjit, M.D.**

Summitview Family Medicine
(509) 454-6300

6201 Summitview Ave
Yakima, WA 98908

Vani Bremjit, MD Scott Heflick, MD

04/06/2009

4 - Healthcare Information Readil...

DOB: 4 - Healthcare Infor...

S: This 15-year-old is here for left foot pain of one-day duration. He also complains of left ankle pain. He developed the symptoms soon after a skating board accident. No history of head injury. No open wounds. The pain is worse with walking.

O: On examination patient looks comfortable. Vital signs stable. Examination of left ankle – he has some soft tissue swelling just anterolateral to the lateral malleolus. Range of motion full, but was painful. He also had some pain in the lateral side of left foot. No obvious deformity.

A: LEFT FOOT AND ANKLE PAIN, LIKELY SPRAIN AND CONTUSION – RULE OUT OCCULT FRACTURES.

P:
1. X-rays ordered.
2. Foot brace prescribed.
3. Ibuprofen or Tylenol as needed for pain.
4. Keep the leg elevated.
5. Ice for the next couple of days.
6. Call office if symptoms persist.

VB:nd
DT: 04/23/2009 file # 8490

Vani Bremjit, M.D.

Summitview Family Medicine
(509) 454-6300

6201 Summitview Ave
Yakima, WA 98908

Vani Bremjit, MD Scott Heflick, MD

06/11/2009

4 - Healthcare Information Readi...

DOB: 4 - Healthcare Inf...

S: This 15-year-old is here for plugged ears, nasal congestion, and cough. He is an asthmatic. He also has a history of allergies. He is on Zyrtec 10 mg a day. Mom reports the Zyrtec is not helping. He was on Singulair which is no longer covered. Patient denies any wheezing. He works outside in the yard and in the orchard.

O: On examination patient looks comfortable. Afebrile. Blood pressure 98/60. Pulse 68. HEENT: Nostrils completely blocked. Ears – fluid noted. Neck normal. RS – clear to auscultation. CV – normal heart sounds. Extremities – no pallor. No rash.

A:
1. ALLERGIC RHINITIS.
2. ASTHMA – STABLE.
3. RULE OUT SINUSITIS.

P:
1. Ceftin 250 b.i.d. for ten days.
2. Veramyst nasal spray – two sprays in each nostril once a day, then one spray in each nostril once a day once it gets better.
3. If he has persistent allergy symptoms we will get authorization for Singulair.
4. Encouraged him to use saline to clean his nostrils prior to using the Veramyst.
5. Follow up as needed for persistent symptoms.

VB:nd
DT: 06/15/2009 file # 9350

✓ **Vani Bremjit, M.D.**

Summitview Family Medicine
6201 Summitview Ave
Yakima, Washington 98908

Progress Notes

Date 9/13/16		Wt	
Appt time	P	Ht	
Age	RP	OTC	
Imm	BP	LMP	
UTD			

WCC Exam

Mastoid

Referred

Date 11-20-16	T	Wt 122	
Appt time	P 64	Ht 65	
Age 17	RP 14	OTC	
Imm	BP 90/60	LMP	
UTD			

10.25

Here for WCC + sports ex.

Sx.

Otherwise no
once stable for / more a sinus

Zyrtec 10 mg not working
Walsh to go back a Singulair

Φ cp Φ dizz~
play golf.

S/N. Φ anxiety Φ EtOH cp drugs

PMH. DmJ - ↓ h MI. at 53.

Hep A
5816082501
L. 9HAVB427AA
Exp 11-17
Tdap, 0.5mg LD

Marlene
Wanda M Fergus

Re WCC form

Name [redacted] DOB [redacted]

Summitview Family Medicine
6201 Summitview Ave
Yakima, Washington 98908

Progress Notes

Date 10/25/11	T 96.6	WT 128	
Appt time	P 64	HT 65½"	
Age 17 yrs 2	RP 16	OTC	
Imm	BP 110/60	LMP	
UTD			

St. runny nose, sinus pressure
fatigue, cough x 4 days

allergies & meds - SUMMR list — Lopressor

Ø fever. Cough
congn. ⊖ runny ⊖.
↳ green.

✓

Name 4 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), ... DOB 4 - Healthcare Information Readily Ide...

Summitview Family Medicine
(509) 454-6300

6201 Summitview Ave
Yakima, WA 98908

Vani Bremjit, MD Scott Heflick, MD

2/02/2011

4 - Healthcare Information Readily Iden...

DOB: 4 - Healthcare I...

S: This 17-year-old is here for cough of two days' duration. He is coughing up green sputum. He also states the cough is worse at night. He is an asthmatic. He has been using the inhaler once or twice a day. He complains of insomnia. It has been going on for several months. He states it takes about two to three hours for him to fall asleep. He denies feeling of depression or suicidal thoughts. He states he is tired during the daytime. His dad passed away last year unexpectedly. He states he saw a counselor last year in Tri-Cities. Denies alcohol or drug use. No smoking. 4 - Health... has a history of allergies. He is on Zyrtec 10 mg a day. Singulair is no longer covered. He did not have any asthma attack or allergy symptoms when he was on the Singulair.

PMH: Refer to problem list.

O: On examination patient looks comfortable. He does not look depressed. Afebrile. Blood pressure 118/64. Weight 130. Height 66 inches. O2 saturation 97 percent on room air. Throat inflamed. Nostrils partially blocked. Ears - fluid noted. Neck is supple, no lymphadenopathy. RS – he has mild expiratory wheezes bilaterally. CV - normal heart sounds. No murmur. Extremities – no pallor.

A: 1. UPPER RESPIRATORY INFECTION AND EXACERBATION OF ASTHMA.
2. INSOMNIA – LIKELY ANXIETY AND PSYCHOSOCIAL STRESSES.

P: 1. Encouraged him to reestablish with a counselor or find another counselor.
2. Exercise regularly at least four hours before going to bed.
3. I gave him 15 mg tablets of Ambien – half a tablet to one tablet. He will start the Ambien once his asthma symptoms are controlled on medication. Mom was told to give the Ambien a couple of times a week, not every day. If he continues to have the problem, will put him on trazodone or Remeron antidepressant.
4. Zithromax given for five days. Prednisone 40 mg once a day for two days, then 10 mg once a day for five more days. Use the albuterol inhaler or nebulizers every four to six hours around the clock for the next few days, then p.r.n. If he continues to need the albuterol, will put him on Advair Diskus.
5. Follow up in the office if he is not better in the next three to five days. Otherwise, routine followup in three months. To emergency room for worsening symptoms.

VB:nd
DT: 2/03/2011 file # 7798

Vani Bremjit, M.D.

Summitview Family Medicine
(509) 454-6300

6201 Summitview Ave
Yakima, WA 98908

Vani Bremjit, MD **Scott Heflick, MD**

3/29/2011

4 - Healthcare Information Readily Ide...

DOB: 4 - Healthcare Infor...

S: This 17-year-old is here for medication review. He was recently put on Ambien because of insomnia. Mom reports the Ambien helps, but since he is only 17, she is using it every two to three days. He states it can take up to two to four hours to fall asleep, then he wakes up after an hour or two. He denies depression, but his mom reports 4 - Heal... is still struggling with his dad's loss, despite counseling. His dad died of MI two years ago. His grades have dropped too. He is active with his friends. Apparently, the counselor screened him for depression and the counselor did not think that 4 - Healt... was depressed. Patient denies alcohol use. No history of drug use.

O: On examination patient looks comfortable. Blood pressure 118/64. Pulse 68. Weight 124. Height 66 inches. BMI 20. Sclerae clear. Throat clear. Neck normal. RS – clear to auscultation. CV – normal heart sounds. Extremities – no pallor. No rash.

A: 1. INSOMNIA.
2. PROBABLE ANXIETY NEUROSIS.

P: He appears to have a lot of friends and having a good social life. I think he is probably anxious. Will do a TSH and T4 to rule out hypothyroidism. Encouraged him to stop exercising and playing sports at 6 p.m. Will put him on trazodone 50 mg – one or two a day at night. If he is not better in the next two weeks, will start him on Celexa 20 mg once a day. Mom was given a prescription for Celexa. Follow up in the office in six to eight weeks. Continue with counseling. His counselor's name is Mr. Cole, in Tri-Cities.

VB:nd
DT: 3/30/2011 **file # 8669**

Vani Bremjit, M.D.

Summitview Family Medicine
(509) 454-6300

6201 Summitview Ave
Yakima, WA 98908

Vani Bremjit, MD **Scott Heflick, MD** **Lori Smith, MD** **Matthew Johnson, MD**

10/07/2011

4 - Healthcare Information Readily Ide...

DOB: 4 - Healthcare In...

S: 4 - Healt... is here for several concerns. He has been having difficulty falling asleep and staying asleep. He also complains of tiredness, mood swings, loss of appetite, and weight loss. He states he has lost ten pounds in one month. He states he gets angry easily. He feels sad. Sometimes he cries for no reason. His symptoms have been going on for three years but worse in the last few months. He lost his dad about four years ago and he had some counseling for six months. He did not think the counseling helped. He states "I am not much of a talker". He was having counseling every two weeks soon after his dad passed away. His dad died of MI, sudden death.

ROS: Denies suicidal or homicidal thoughts. He denies alcohol or drug use. No smoking.

SH: He chews tobacco.

FH: No family history of bipolar disorder.

PMH: Significant for asthma.

O: On examination patient looks comfortable. Blood pressure 110/70. Pulse 60. Weight 120. Height 67 inches. Sclerae clear. Throat clear. Neck normal. RS – clear to auscultation. CV – normal heart sounds. Extremities – no pallor. No edema. No JVD. Abdomen soft. No tenderness. No masses.

A:
1. FATIGUE, LOSS OF APPETITE, LOSS OF WEIGHT – LIKELY SECONDARY TO DEPRESSION. RULE OUT MEDICAL CAUSES.
2. MOOD SWINGS, INSOMNIA, FEELING SAD EVER SINCE HER DAD'S DEATH, LIKELY DEPRESSION – RULE OUT BIPOLAR DISORDER.

P: Patient declined antidepressant. He stated one of his uncles committed suicide when he was on antidepressants. Will go ahead and refer him to a psychiatrist for management. He did not want the counseling either. He states he throws up if he eats anything. Denies anorexia nervosa. He states sometimes he has diarrhea as well. He well may have IBS from his depression/anxiety. Will do a CBC, CMP, TSH, and vitamin D. To emergency room for suicidal or homicidal thoughts. Patient was counseled. Follow up in two weeks or earlier if needed.

VB:nd
DT: 10/04/2011 **file # 1026**

Vani Bremjit, M.D.

Summitview Family Medicine
(509) 454-6300

6201 Summitview Ave
Yakima, WA 98908

Vani Bremjit, MD Scott Heflick, MD Lori Smith, MD Matthew Johnson, MD

10/13/2011

4 - Healthcare Information Readily Iden...

DOB: 4 - Healthcare Inf...

S: This 18-year-old is here requesting an antidepressant. We received a call from his mother that 4 - Healt... is on his way here to get an antidepressant. Patient was seen by a counselor at Comprehensive Mental Health and was told he had major depression and he needs to be on something. He also states his counselor is trying to get him an appointment with a psychiatrist for tomorrow or Monday. Patient denies suicidal thoughts, but he states he has had suicidal thoughts in the past. He has sleep problems, anger problems, difficulty concentrating, nausea, cannot eat and he throws up whenever he eats, muscle spasms, feeling sad. When he was here last time I offered an antidepressant; at that time, he declined. His uncle committed suicide and he was on an antidepressant. He thinks the antidepressant made him commit suicide.

O: On examination patient looks comfortable, good eye contact. Vital signs stable. Physical exam defered.

A: 1. MAJOR DEPRESSION.
2. ANXIETY, CAUSING PHYSICAL SYMPTOMS AS WELL.

P: Patient was given Ativan 1 mg b.i.d. p.r.n., #20 given. Side effects discussed including drowsiness, dizziness, and dependency. Will also start him on Celexa 20 mg once a day. If he cannot get in to see someone next week he will schedule a followup here to see me. To emergency room for suicidal or homicidal thoughts. Patient was given an excuse letter to excuse him from school for three days. He stated he does not want to miss more than three days because he will have to make up that time.

VB:nd
DT: 10/17/2011 file # 1106

Vani Bremjit, M.D.

NW Healthy Options
206-707-8494
206-707-8495 Fax
info@nw-ho.com

Michael Stern MD Seattle Wa.

Northwest Healthy Options Office Note February 2010
to be filled out by medical assistant in conjunction with the patient, reviewed and signed by the doctor

Name _____ today's date 10/19/2011
date of birth _____ age 18 sex m BP _____
occupation N/A city _____

Medical records findings: primary diagnosis and treatment choices documented from the patient's own treating doctor.

Dates of previous notes 10/13/2011

Primary Diagnosis Major depression with chronic nausea, sleep disturbance, appetite (Insomnia) loss
Primary Treatment for Primary Diagnosis antidepressants
Medications ativan, celexa, trazodone, ambien
Surgeries _____

Secondary diagnoses _____
Primary treatment for secondary diagnoses _____
medications _____
surgery _____

All medications currently in use Citalopram, zertec, albuterol, _____
Same as list given by the patient _____

Social habits
tobacco yes (no)
alcohol (yes) no 1/month

Review of systems _____
contributing symptoms to the primary diagnosis _____

Vital signs
blood pressure respirations heart rate
weight 125 lbs height 5'7

Physical findings which contribute to verification diagnosis._____
Lab findings _____
Imagery findings_____
Assessment:
Summary 4 - Healthcar... Suffers with severe depression, insomnia, nausea, and appetite loss. He has tried celexa, ativan, trazodone, and ambien

Plan:
Cannabis Used on a PRN Basis patient to avoid overusing or overdosing.
Has Previous or Future Benefit from the use of cannabis to:
() reduce or eliminate pain
(*) reduce use of opiates for all types of pain medicine
(✓) improve sleep
() improve appetite
(✓) reduce nausea
(✓) enhance overall mood
() reduce eye pressure
() reduce frequency of seizures
() reduce the frequency of migraines headaches
() reduce muscle spasms
Doctors Name Michael H. Stern M.D.
Signature M Stern

PT forgot Mother's Approval, will Fax it.

NW Healthy Options
206-707-8494
206-707-8495 Fax
info@nw-ho.com

Michael Stern MD Seattle Wa.

Name 4 - Healthcare Information Readily Identifia... Date of Birth [illegible] Age 16

Primary serious and or debilitating illness Insomnia, Cant eat

Family or Referring Doctor Dr Brewing

Today's Date [illegible] Current Occupation

MEDICAL HISTORY

Do you have diabetes mellitus?	Yes	(No)
Do you have heart disease?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have cancer?	Yes	No
If yes what type.		
Have you ever had a stroke?	Yes	No
Do you have lung disease?	Yes	(No)
Do you have back problems (degenerative disk disease)?	Yes	(No)
Do you have pain not relieved with standard treatment?	Yes	No
Do you have liver disease (hep c)?	Yes	(No)
Do you have epilepsy or seizures?	Yes	(No)
Do you have gastric reflux?	Yes	(No)
Do you have asthma?	(Yes)	No
Do you have irritable bowel syndrome?	Yes	(No)
Do you have nervous system disease (Parkinson, MS, Epilepsy)?	Yes	(No)
Do you have arthritis?	(Yes)	No
Do you have Aids, HIV?	Yes	(No)
Do you have glaucoma?	Yes	(No)
List any other major medical condition.		

CURRENT MEDICATIONS AND SUPPLEMENTS

Please include any and all medications, dosage, times a day. Supplements and over the counter medications should also be included.

Drug Catapres from 7th MD 2x day
Drug Zyrtec 1cmg 1x day
Drug Albuterol Inhaler as needed

Drug
Drug
Drug

DRUG ALLERGIES

_____No known allergies

OPERATIONS

Appendix	_____	Back	_____	Brain	_____
Hernia	_____	Shoulder	_____	Lung	_____
Gall Bladder	_____	Knee	_____	Ovaries	_____
Heart	_____	Intestines	_____	Uterus	_____

Other type of operations and date _____

CURRENT SMOKING HABIT

YES__ NO__ Packs per day___ Years smoked_____ Year Quit_____ Never ✓

CURRENT ALCOHOL HABIT

Yes ✓ No___ Drinks per day___ week 1 month___ Date Quit _____ Never____

FAMILY HISTORY

Marital Status
✓ Single
___Married

CHILDREN: number___

M

Any specific diseases that are known to be prevalent in your family

REVIEW OF SYSTEMS

Do you have persistent fever, chills or sweats?	(Yes)	No	Sometimes
Do you have headaches or dizziness?	Yes	(No)	Sometimes
Do you have hearing problems?	Yes	(No)	Sometimes
Do you have vision problems?	Yes	(No)	Sometimes
Do you have difficulty breathing?	Yes	(No)	Sometimes
Do you have chest or heart problems?	Yes	(No)	Sometimes
Do you have a persistent cough?	Yes	(No)	Sometimes
Do you have persistent nausea or vomiting?	Yes	No	(Sometimes)
Do you have persistent constipation or diarrhea?	Yes	(No)	Sometimes
Do you have swelling or pain in your ankles or joints?	Yes	No	(Sometimes)
Do you have a bleeding disorder?	Yes	(No)	Sometimes
Do you have a mental or nervous disorder?	(Yes)	No	Sometimes
Do you have trouble with sleep?	(Yes)	No	Sometimes

Please list here any other concerns: cont ect

Qualifying Diagnoses

Please circle where you fit as a Qualifying Patient under Washington State Law;

1. Do you have any of the following terminal or debilitating diseases?
 a. Cancer — Yes or (No)
 b. Human Immunodeficiency Virus — Yes or (No)
 c. Multiple Sclerosis — Yes or (No)
 d. Epilepsy or other seizure disorder — Yes or (No)
 e. Spasticity Disorder — Yes or (No)
2. Do you have intractable Pain (difficult to manage) unrelieved by standard medical treatments and medications? Yes or (No)
3. Do you have Glaucoma limited to increased intraocular pressure unrelieved by standard treatment and medication? Yes or (No)
4. Do you have Crohn's disease with debilitating symptoms unrelieved by standard treatments or medications? Yes or (No)
5. Do you have Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments or medications? Yes or (No)
6. Do you have any diseases, Including Anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity when these symptoms are unrelieved by standard treatments or medications?

(Yes) or No

X 4 - Healthcare Information Readily Ide... X 4 - Healthcare Information Readily Identifiable to a Pe... Date 11-19-11

PLEASE PRINT YOUR NAME Signature

Yakima Regional Medical and Cardiac Center
110 South 9th Avenue Yakima WA 98902
Harold McCartney M.D., Medical Director
OUTPATIENT REPORT

Patient: 4 - Healthcare Information Readily Id...

Location: SUMMITVIEW CLINIC
Adm.date: 10/10/11

MRN: M0000334147 Room:
Billing no.: M8576723
Att.physician: BREMJIT, VANI
DOB: 4 - Healthcare Informa... Age: 18 Sex: M
Report to:

Date Received 10-11-11
Patient Notified
Phone
Letter FINAL 10-12-11
Provider Initials
Review at next visit

Order#: A6100617
Date&Time Ordered: 10/10/11 12:55
Requested by: BREMJIT, VANI

BREMJIT, VANI
6201 SUMMITVIEW #106
YAKIMA WA 98908

H E M A T O L O G Y

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	Site
SPECIMEN LAV COLLECTED 10/10/11 10:00 BY SUM RECEIVED 10/10/11 12:59 BY MLP					
CBC					
WBC	6.2		4.0-11.0	K/uL	M
RBC	5.00		4.30-5.70	M/uL	M
HGB	15.2		13.7-16.7	g/dL	M
HCT	45.4		40.0-50.0	%	M
MCV	90.6	√	80.0-100.0	fL	M
MCH	30.3		27.0-34.0	pg	M
MCHC	33.4		32.0-36.0	g/dL	M
RDW	13.3		11.0-15.0	%	M
PLT	219		150-400	K/uL	M
MPV	9.1		6.0-11.0	fL	M
Differential					
Neuts/Polys	53.1		38.0-70.0	%	M
Lymphocytes	33.7		21.0-49.0	%	M
Monocytes	8.4		3.0-11.0	%	M
Eosinophils	4.6		0.0-7.0	%	M
Basophils	0.2		0.0-2.0	%	M
Absolute Cell Count					
Absolute Neutrophils	3.3		1.8-7.7	K/uL	M
Absolute Lymphocytes	2.1		1.0-5.0	K/uL	M
Absolute Monocytes	0.5		0.0-0.8	K/uL	M
Absolute Eosinophils	0.3		0.0-0.5	K/uL	M
Absolute Basophils	0.0		0.0-0.2	K/uL	M

* - new results SITE CODE M-YAKIMA O-TOPPENISH

Yakima Regional Medical and Cardiac Center
110 South 9th Avenue Yakima WA 98902
Harold McCartney M.D., Medical Director

OUTPATIENT REPORT

Patient: 4 - Healthcare Information Readily Id...

MRN: M0000334147 Room:
Billing no.: M8576723
Location: SUMMITVIEW CLINIC
Adm.date: 10/10/11
Att.physician: BREMJIT, VANI
DOB: 4 - Healthcare Informati... Age: 18 Sex: M
Report to:

Date Received 10-11-11
Patient Notified
Phone
Letter 10-12-4
Provider Initials
Review at next visit

continued

CHEMISTRY

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	Site
SPECIMEN PST COLLECTED 10/10/11 10:00 BY SUM RECEIVED 10/10/11 12:59 BY MLP					
Automated Chemistry					
Calcium	9.2		8.5-10.1	mg/dL	M
Glucose	93		70-106	mg/dL	M
BUN	7		7-18	mg/dL	M
Creatinine	0.82		0.40-1.20	mg/dL	M
Protein	7.4		6.4-8.3	g/dL	M
Albumin	4.3		3.4-5.0	g/dL	M
Bilirubin	0.4		0.1-1.0	mg/dL	M
Alkaline Phosphatase	112	✓	38-120	U/L	M
AST (SGOT)	15		7-42	U/L	M
ALT (SGPT)	18		5-50	U/L	M
Sodium	140		135-145	mEq/L	M
Potassium	4.2		3.5-5.2	mEq/L	M
Chloride	105		95-108	mEq/L	M
CO2	26		21-32	mEq/L	M
GFR Estimate	>60		>60	mL/min/1.7	M
Thyroid Studies					
TSH	1.18	✓	0.34-4.82	mIU/L	M

Patient: 4 - Healthcare Information Readily Id...

MRN: M0000334147 Room:
Billing no.: M8576723
Location: SUMMITVIEW CLINIC
Adm.date: 10/10/11
Att.physician: BREMJIT, VANI
DOB: 4 - Healthcare Informati... Age: 18 Sex: M
Report to:

c o n t i n u e d

R E F E R E N C E L A E

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	Site

Pathology Assooiates Medical Laboratory

SPECIMEN Z09 COLLECTED 10/10/11 10:00 BY SUM RECEIVED 10/10/11 12:59 BY MLP

Vitamin D 25-OH 44 30-150 ng/mL

<20 ng/mL Suggests deficiency of 25-OH Vitamin D.
20-29 ng/mL Suggests a relative insufficiency of 25-OH Vitamin D.
30-150 ng/mL Suggests a sufficient level of 25-OH Vitamin D.
>150 ng/mL Toxic level of 25-OH Vitamin D.
Blood levels of 25 Hydroxy Vitamin D vary with the extent of sun exposure. Values tend to be highest in late summer and lowest in spring. Values also tend to decrease with age, due to decreased precursor synthesis in the skin.
Test Performed by PAML, 110 W. Cliff Dr, Spokane, WA 99204

Date Received 10-11-11
Patient Notified
Phone
Letter 10-12-11
Provider Initials
Review at next visit

* - new results SITE CODE M-YAKIMA O-TOPPENISH

Yakima Regional Medical and Cardiac Center
110 South 9th Avenue Yakima WA 98902
Harold McCartney M.D., Medical Director
Lab AutoReporting

Patient: 4 - Healthcare Information Readily Id...

MRN: O0000334147 Room:
Billing no.: O6145435
Att.physician: BREMJIT, VANI
DOB: 4 - Healthcare Informa... Age: 17 Sex: M

Location: TOPP LABORATORY
Adm.date: 04/07/11

Order#: A0070715
Date&Time Ordered: 04/07/11 16:42
Requested by: BREMJIT, VANI
Copy to: BREMJIT, VANI

FINAL

C H E M I S T R Y

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	Site
SPECIMEN PLS COLLECTED 04/07/11 16:40 BY JJH RECEIVED 04/07/11 16:42 BY JJH					
Thyroid Studies					
Free T4	1.0		0.7-1.5	ng/dL	M
TSH	0.97		0.34-4.82	mIU/L	M

Date Received
Patient Notified
Phone
Letter 4-13-11
Provider Initials
Review at next visit

* - new results SITE CODE M-YAKIMA O-TOPPENISH

Patient name: 4 - Healthcare Information Readily I...
Location: TOPP LABORATORY
MRN: O0000334147 Room:
Att.physician: BREMJIT, VANI

Printed: 04/08/2011 11:16

YAKIMA REGIONAL

RADIOLOGICAL INTERPRETATION

PATIENT NAME: 4 - Healthcare Information Readily Ide...
EXAM DATE: 4/06/2009
ORDERING: VANI BREMJIT,MD
ATTENDING:
CONSULTING:

MED REC #: 334147
D.O.B.: 4 - Healthcare Informat...
X-RAY#: 334147
ACCOUNT #: 8385853
ROOM: OP

EXAM: LEFT FOOT MINIMUM 3 VIEWS.

INDICATION FOR EXAM: PAIN.

COMPARISON: None.

FINDINGS: No acute fracture. Soft tissues appear unremarkable.

IMPRESSION:
NO ACUTE FRACTURE OR DISLOCATION. IF SYMPTOMS PERSIST FOLLOWUP EXAMINATION AND/OR MRI COULD BE USED FOR FURTHER EVALUATION.

14968404

RECEIVED
By

Date Received
Patient Notified
Phone 4-8/09
Letter
Provider Initials
Review at next visit

DATE DICTATED: 4/06/2009
DATE TRANSCRIBED: 4/06/2009
TRNS: KMP TECH: T MORRISON
5324522 ORDERING FAX

REVIEWED AND SIGNED
WILLIAM J GLENSKI, M.D.
INTERPRETING PHYSICIAN
4/07/2009 16:16:36
PAGE 1 OF 1

NW Healthy Options
206-707-8494
206-707-8495 Fax
info@nw-ho.com

Michael Stern MD Seattle Wa.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
at the Office of Michael Stern, M.D. and Methods of Communication
Between You (patient) and Michael Stern, M.D.

In general the HIPAA privacy rule gives individuals the right to request on uses and disclosures of their protected health information (PHI).

The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative mean as sending correspondence to the individuals office instead of the individuals home.

The Privacy Rule generally requires health care providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an author requested by the
individual in person. I hereby acknowledge that I have read the Notice of Privacy Practices ('Notice') was given to me upon arrival at Dr Sterns office.

For matters such as appointment reminders and other Protected Health Information,
I wish to be contacted in the following ways (CHECK ALL THAT APPLY):

HOME TELEPHONE - IT IS OK TO CALL MY HOME PHONE.
Phone number: 4 - Healthcare Information Readily Identif...
It is Ok to leave message to call back the office of Dr. Michael Stern on my home phone.
It is OK to leave message with detailed information on my home phone.
CELL TELEPHONE - IT IS OK TO CALL MY CELL PHONE.
Phone number: (____)_____-____
It is Ok to leave message to call back the office of Dr. Michael Stern on my cell phone.
It is OK to leave message with detailed information on my cell phone.
WORK TELEPHONE - IT IS OK TO CALL MY WORK PHONE.
Phone number: (____)_____-_____
It is Ok to leave message to call back the office of Dr. Michael Stern on my work phone.
It is OK to leave message with detailed information on my work phone.
MAIL (USPS)
Okay to send mail to my home address
Street Address:_____ Apt_____
City:_____ State____ Zip__
Okay to send mail to my work address. If Yes:
Send to: _____
Street Address:_____ Apt_____
City:_____ State____ Zip_____
Ok to send email to the following email address: _____@_____
Ok to send fax to the following Fax number: (___)_____-_____

Print Name 4 - Healthcare Information Readily Ide... Date 11-14-11

X 4 - Healthcare Information Readily I...
Signature

X_____Date_____
SIGNATURE OF PARENT OF GUARDIAN
IF PATIENT IS UNDER AGE 18
Note: if patient is a minor, parents/legal guardian must read and sign above

MD 2011-162277-0000037

NW Healthy Options

4 -

206-707-8494 Phone
206-707-8495 Fax

Michael H. Stern, MD

Documentation of the Physician's Authorization for a Patient to Engage in the Medical Use of Marijuana in Washington State

Patient Name 4 - Healthcare Information Readily Ident... Date of Birth 4 - Healthcare Information Re...

I, Michael H. Stern, MD, am a licensed physician in the State of Washington. I am confirming (based on the patient's medical history and medical records) the diagnosis of the above named patient as having a terminal or debilitating medical condition as defined in RCW 69.51A.010.

I have advised the above named patient about the potential risks and benefits of the medical use of marijuana. I have assessed the above named patient's medical history and medical condition. It is my medical opinion that this patient may benefit from the medical use of marijuana.

Signature of Physician M Stern MD

Michael H. Stern M.D. WA Medical License #MD00017964

Date issued November 19th 2011 Date expires November 19th 2012

Risks and benefits of medical marijuana

Under Washington state law, the use of medical marijuana is now permissible for some patients with terminal or debilitating medical conditions. The law regulating this (RCW 69.51A) allows physicians to advise patients about the risks and benefits of the medical use of marijuana.

The medical and scientific evidence supporting the use of medical marijuana remains controversial in the medical community. Not all health care providers believe that medical marijuana is safe or effective and some providers feel that it is a dangerous drug. According to the Washington state law, the medical use of marijuana may benefit patients diagnosed with the following medical conditions: cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure or spasticity disorders; some types of intractable pain; glaucoma, either acute or chronic; Crohn's disease; hepatitis C with debilitating nausea or intractable pain; or diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity.

Some of the risks of medical marijuana may include possible long-term effects on the brain in the areas of memory, coordination and cognition; impairment of the ability to drive or operate heavy machinery; respiratory damage; possible lung cancer; and physical or psychological dependence.

This form provided by the Washington State Medical Association July 2007

11/19@0915

Healthy Options Check Off List

Patients Name: 4 - Healthcare Information Readily Ide... Phone: 4 - Healthcare Information Readily Identifiable to a Person - R...

Email: 4 - Healthcare Information Readily Identif...

☑ How patient found Northwest Healthy Options psychiatrist/website

☑ Receipt of medical records

☑ Summarize medical records and statement of their findings on our office note.

☑ Make an appointment for the patient

☑ Signed waiver of any liability in the use of cannabis

☑ Health Questionnaire faxed or emailed to patient

☑ Signed Qualifying diagnosis

☑ Hippa

☑ Photo ID make copy

☑ Patient pays for the appointment with either credit or debit card (200) RUO

☑ RN reviews with the patient their questionnaire

☑ Fill out authorization

Doctor:

☑ Dr. Signs Questionnaire

☑ Dr. Signs Office Note

☑ Dr. Signs Authorization

Notes:

11/02/2011

1.48 C

NW HEALTHY OPTIONS
MICHAEL STERN MD
PO BOX 4385

SPANAWAY, WA 98387

Patient: 4 - Healthcare Inform...
SS#:
Claim / File #:
Order #: 20298175
Fax #:

Records Requested from : CENTRAL WA SUMMITVIEW FAMILY MEDICINE

Dear Requester of Healthcare Information:

iod incorporated has been retained by the above named Health Care Provider to handle release of information requests such as yours at their facility. Enclosed please find the information you requested with a copy of your request.

Please Note : This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of protected information to criminally investigate or prosecute any alcohol or drug abuse patient.

If you have requested x-ray films or billing records, you will need to contact the radiology department or billing office to check the status of your request. If you need information regarding x-ray or billing records, please contact the Health Care Provider directly.

If you have any questions regarding this notice, please contact Customer Relations at 425-462-7771 X72.

iod incorporated Tax ID No. 65-0765287
PO BOX 52930 BELLEVUE WA 98015-2930
*Phone 425 462-7771 X72 * Fax 425 462-7773*

4 -

NW Healthy Options
206-707-8494
206-707-8495 Fax
P.O. Box 4385
Spanaway, WA 98387

Michael Stern MD Seattle Wa.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, 4 - Healthcare Information Readily Identifiabl..., hereby authorize the release of my medical records to NW Healthy Options, their representatives, or assignees. This release includes the transfer of my records by mail, facsimile, or any other electronic transmission method that may be requested by NW Healthy Options. I authorize NW Healthy Options, their representatives, or assignees to discuss with the doctors, their representatives, or assignees the medical records that have been released.

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, medical marijuana, mental illness, or psychiatric treatment. I give my authorization for these records to be released.

LF
Patient Initials

Copied by IOD Incorporated
DOB BS ISIG IOTH FP Auth: N/N 1 2 3 4 5 6
Address ☐ Verified Payer ☐ CL ☐ No Charge
☐ Cert ☐ Bills ☐ ROI Prob Form ☐ CL Invoice
Date: 10/10/11 Emp ID #: 1967

Patient Rights:
I understand that this authorization may be revoked at any time. The only exception is when action has been taken in reliance on the authorization. Unless revoked earlier, this consent will expire in 90 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request. 2 years

I specifically consent to the faxing of my medical records. All faxed material will contain a confidentiality statement. However, I understand confidentiality at the receiving end cannot be guaranteed and that the recipient may re-disclose my information and privacy laws may no longer protect my information.

I understand that I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization form to take part in a research study or to receive health care when the purpose is to create health information for a third party.

Patient Signature 4 - Healthcare Information Readily Identifiable to a P... Date 10-13-11

Patient Date of Birth 4 - Healthcare Information Readily I... Patient Phone # 4 - Healthcare Information Readily I...

CONFIDENTIALITY NOTICE: This communication is intended for the sole use of the individual and the entity to whom it is addressed, and may contain information that is privileged, or confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this communication by someone other than the intended addressee or its designated agent is strictly prohibited.

Michael Stern MD WA License #MD00017964
ALL INFORMATION IS PROTECTED UNDER U.S. FEDERAL LAW

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

December 23, 2011

Meagan Ansingh
3413 S Conway Dr.
Kennewick WA 99337

Re: Michael H. Stern, MD
Case No. 2011-162277MD

COPY

Dear Ms. Ansingh:

This letter concerns the complaint you recently filed against Michael H. Stern, MD.

Washington State RCW 43.70.075 pertains to the "Whistleblower Law" that requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your case.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form of a Waiver of Confidentiality of Identity will be necessary. An original request for release was made on **December 5,**, when your complaint was received. As of this date the requested releases have not been received. I have enclosed a second set of forms for your signature, along with a postage paid envelope for their return. When your waiver has been obtained, your identity will be released solely for purposes of investigation and adjudication, as necessary. If the request is not returned by **January 3, 2012**, the case files will be forwarded to the Medical Quality Assurance Commission for closure without investigation. If you have any further questions or if I may be of assistance to you, please do not hesitate to call me at (360) 236-2770. Thank you for your cooperation.

If you do not intend to go forward with this investigation, please sign the denial portion of the whistleblower waiver form and return it to this office.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Attachments: Return Envelope
Waiver of Confidentiality of Identity

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME PURSUANT TO RCW 43.70.075



COPY

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, ... shall remain confidential..."

I understand that my identity is confidential pursuant to RCW 43.70.075, unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Michael H. Stern, MD,** and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature:_____ **Printed name:** _____
Date:_____ **Please include middle initial**
Home Phone:_____ **Date of Birth:** _____
Day Phone: _____ ***PLEASE RETURN NO LATER THAN January 3, 2012***

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature:_____
Date:_____
Home Phone:_____
Day Phone:_____

CASE #: 2011-162277MD
RESPONDENT: Michael H. Stern, MD

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

December 5, 2011

Meagan L. Ansingh
3413 S Conway Dr.
Kennewick, WA 99337

COPY

RE: Michael H. Stern, MD
Case No. 2011-162277MD

Dear Ms. Ansingh:

Thank you for your recent letter in which you express concerns regarding medical care provided by Michael H. Stern, MD. Your complaint has been assigned case number 2011-162277MD.

Your complaint will be investigated to determine if a violation of the Uniform Disciplinary Act, RCW 18.130.180, Unprofessional Conduct, has occurred. If you have any additional information pertaining to your complaint, please forward it along with a copy of this letter to me at the address listed below. Please understand that you may not hear from us during the investigation. If we need additional information from you, one of the Commission's investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180, the statute that identifies Unprofessional Conduct. Once the investigation is complete, a panel of the Medical Quality Assurance Commission will review the facts of the case and make a decision. You will be notified in writing of the decision.

Please be aware that this process can take three to six months, and in some cases, longer. If you wish to amend your complaint, you may send supplemental information to me at the address below.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions or need additional information, please call me at 360-236-2770, or contact me by email at jim.smith@doh.wa.gov.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98506-7866

Enclosures: What Happens Next?
RCW 18.130.180

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

December 5, 2011

Meagan L. Ansingh
3413 S Conway Dr.
Kennewick, WA 99337

COPY

RE: Michael H. Stern, MD
Case No. 2011-162277MD

Dear Ms. Ansingh:

Washington state law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. Your voluntary waiver of confidentiality in the form of a written Authorization to Release Complainant's Name will be necessary for the investigation to proceed. This is necessary so the provider can respond appropriately to the allegations of your complaint and provide records specific to your complaint. I have enclosed this form for your signature, along with a postage paid envelope for its return. Once your waiver is received, your identity will be released solely for the purposes of investigation and potential adjudication. Your identity will be protected in all other instances and will not be released in response to public disclosure requests. ***Your signed waiver is due back to this office no later than December 20, 2011.***

You will also find enclosed a Complainant Impact Statement form to fill out and return if you wish. If returned, your impact statement will be shared with the provider under investigation.

If you have any questions, please contact me at (360) 236-2770.

Thank you for your cooperation.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
Medical Investigations

Attachments: Return Envelope
Waiver of Confidentiality of Identity
Complainant Impact Statement

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

* * * * *

COPY

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME PURSUANT TO RCW 43.70.075

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, ... shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Michael H. Stern, MD,** and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of Investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature:_____ **Printed name:** _____
Date:_____ Please include middle initial
Home Phone:_____ **Date of birth:** _____
Day Phone:_____ *PLEASE RETURN NO LATER THAN December 20, 2011*

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature:_____
Date:_____
Home Phone:_____
Day Phone:_____

CASE #: 2011-162277MD
RESPONDENT: Michael H. Stern, MD

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS



COPY

IMPACT STATEMENT OF COMPLAINANT PURSUANT TO SHB 1493

The law provides a complainant or family members of complainant an opportunity to describe the effect of the matter on the person and his or her family and to recommend a sanction. Please use this form if you wish to provide such a statement. You may attach additional pages as needed.

The Medical Commission may only impose sanctions if unprofessional conduct defined by RCW 18.130.180 is proven. The only sanctions available to the Commission are set forth in RCW 18.130.160, which limits restitution to a patient to the refund of fees billed to and collected from the consumer. You may contact your own lawyer to determine whether additional damages may be available to you in a private action.

COMPLAINANT IMPACT STATEMENT

I understand this complainant impact statement will be shared with the provider that is the subject of this investigation.

Signature:_____
Date:_____
Home Phone:_____
Day Phone:_____
CASE #: 2011-162277MD
RESPONDENT: Michael H. Stern, MD

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS
* * * * *

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME PURSUANT TO RCW 43.70.075

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, ... shall remain confidential..."

I understand that my identity is confidential pursuant to RCW 43.70.075, unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Michael H. Stern, MD,** and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: Meagan L Ansingh **Printed name:** MEAGAN L. ANSINGH
Please include middle initial
Date: 12/28/11
Home Phone: 509-586-8595 **Date of Birth:** 05/11/1983
Day Phone: 509-929-1749 ***PLEASE RETURN NO LATER THAN January 3, 2012***

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature:_____
Date:_____
Home Phone:_____
Day Phone:_____

CASE #: 2011-162277MD
RESPONDENT: Michael H. Stern, MD

RECEIVED
JAN 03 2012
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

December 5, 2011

Michael H. Stern, MD

2 - DOH Licensee Health P...

COPY

SUBJECT: Case No: 2011-162277MD

Dear Dr. Stern:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180(4), the Uniform Disciplinary Act. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. ***The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond.*** In a very small percentage of cases, a statement from you will not be required and no investigator will contact you.

You may submit a written statement about the complaint at any time, however, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the investigation and case review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure What Happens Next? along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please contact me at 360-236-2770.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Enclosure: What Happens Next, RCW 18.130.180

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

CONFIDENTIAL

January 03, 2012

Dr. Michael H. Stern, MD

2 - DOH Licensee Health Profe...

Re File #2011-162277MD

Dear Dr. Stern:

The Medical Quality Assurance Commission is currently conducting an investigation regarding your care of 4 - Healthcare Information His sister alleges you wrote a medical marijuana approval for this patient, who is also being treated by a psychiatrist for depression. She feels that this may be detrimental to her brother's health. A copy of that complaint is enclosed for your reference.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under the provisions of RCW 18.130.050, the Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

The Health Care Information Act, RCW 70.02.050 (2) (a), authorizes and requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure regulations and laws when needed to protect the public health.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation.

Under the provisions of RCW 18.130.180 (8), a health care provider shall cooperate with an investigation and comply with a request for a full and complete explanation regarding the matter under investigation and/or request for records and documentation in his or her possession. Failure to cooperate may be deemed unprofessional conduct pursuant to RCW 18.130.180 (8).

Under the provisions of the laws mentioned above, you are requested to provide:

- A statement regarding your treatment rationale for the care provided for 4 - Healthca... 4 - Health...
- A complete copy of your medical record for 4 - Healthcare Information R... (DOB 4 - Healthcare... to include his 11/19/11 patient/provider encounter

Feel free to provide any additional information/documentation that will further explain your response.

You are free to consult with and engage an attorney, at your expense, to represent you in this matter prior to making your response. Your response may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you, please have the attorney send us a Letter of Representation at the address below. The Letter of Representation will allow us to speak with them, if necessary, about the complaint against you and ensure they are copied on any correspondence to you. If your attorney prepares your response, you must affirm by your signature, that you have read and endorse the content of the document.

Please provide the information requested **within fourteen days** after your receipt of this letter. Please mail your response to the address below. If you have any questions or comments, please contact me by phone at (360-236-2776), by FAX at (360-586-4573), or by writing to the address listed below. Thank you for your cooperation.

Respectfully,

Connie Pyles

Connie Pyles, Health Care Investigator
Medical Quality Assurance Commission
Department of Health
PO Box 47866
Olympia, WA 98504-7866

Enclosure: copy of complaint

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

CONFIDENTIAL

January 09, 2012

Dr. Michael H. Stern, MD

2 - DOH Licensee Health Professional Home ...

Re File #2011-162277MD

Dear Dr. Stern:

The Medical Quality Assurance Commission is currently conducting an investigation regarding your care of 4 - Healthcare Information... . His sister alleges you wrote a medical marijuana approval for this patient, who is also being treated by a psychiatrist for depression. She feels that this may be detrimental to her brother's health. A copy of that complaint is enclosed for your reference.

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Please provide the information requested **within fourteen days** after your receipt of this letter. Please mail your response to the address below. If you have any questions or comments, please contact me by phone at (360-236-2776), by FAX at (360-586-4573), or by writing to the address listed below. Thank you for your cooperation.

Respectfully,

Connie Pyles

Connie Pyles, Health Care Investigator
Medical Quality Assurance Commission
Department of Health
PO Box 47866
Olympia, WA 98504-7866

Enclosure: copy of complaint

I am concerned about Dr. Michael Stern who 2 days ago gave my younger brother who is 18, but still a senior in high school, a medical marijuana license. 4 - Healt... and I lost our father just over 3 years ago very suddenly and just over a month ago 4 - Heal... finally started to get treatment for his depression which had somatasized into physical issues; not being able to eat, vomiting anything he tried to eat, unable to sleep, etc. Along with seeing his family practice physician, 4 - Heal... has also been seeing a psychiatrist who put him on a SSRI for his depression. I happen to work in the psychiatric field myself and know that they had not even come close to exhausting the options to help 4 - Heal... resolve his psychiatric issues. 4 - Healt... found Dr. Stern's website online and made the appointment himself, and after only 1 visit the doctor decided 4 - Healt... needed his license. Dr. Stern even informed 4 - Heal... that if he took the marijuana in his nebulizer that there is a 75% chance of curing his asthma. If the FDA ever found a pharmaceutical company making off label claims there would be millions of dollars in fines, how is this okay for a doctor to do? Even though 4 - Healt... is 18 and legal in the eyes of the law, he is still a child and I feel that Dr. Stern is not looking out for my brother's best interest. Starting marijuana at this age will close many doors for him. 4 - Health... is still very immature and felt like he needed to fix his problems now and could not wait for the 6-8 weeks that it takes for an anti-depressant to take effect. I would hope a medical doctor would be able to discern the difference between a patient who really needs help and a teenager who is unable to wait for prescription medicine to take effect. I appreciate your time looking into this matter.

Sincerely,

Meagan L. Ansingh

MD 2011-162277-000054
STERN, MICHAEL MD_2011-162277 PAGE 91

Medical Marijuana Authorizations Made Easy

Michael H. Stern M.D.

Director / Board Certified Authorizing Physician

Our clinic specializes in providing patients with a completely legal authorization to grow, possess, and use marijuana as medicine. Dr. Michael Stern specializes in providing a medical marijuana "card or permit" to be used for patient visits to medical marijuana co-ops referred to as medical marijuana dispensaries. We explain in detail why we recommend medical use of marijuana and how you can benefit from using marijuana as medicine.

Do you have cancer, HIV, hepatitis C, severe pain, intestinal disease, seizures, or multiple sclerosis?

To receive your so-called "green card" or legal medical marijuana authorization, CALL 206-707-8494 or fax your medical records (Fax 206-707-8495) to Dr. Michael Stern, a board-certified medical doctor. Call for information about legal medical marijuana possession in Washington. Receive a legally valid authorization on tamperproof paper for the use, possession, and growth of marijuana (hemp, cannabis) in the state of Washington to be used for medicine.

Medical marijuana can be used in Washington State if you hava a qualifying condition. Possess the most important tool for a POSITIVE LEGAL DEFENSE for the possession of marijuana in Washington State. Spend a few moments and a few dollars (less than an attorney's hourly rate) once a year to learn the law and try to avoid legal problems by being authorized to possess marijuana as your medicine.

Call immediately 206-707-8494 to receive important information concerning your authorization to possess medical marijuana.

We are a medical marijuana clinic and work closely with medical marijuana dispensaries to approve your permit to possess medical marijuana

CALL OUR PROFESSIONAL STAFF (RN) TODAY FOR INFOMATION ABOUT APPOINTMENTS!

What Patients Have To Say About Us

FAQ Provided by I-692 Washington State Law

Contact NW Healthy Options

Seattle Office	Mailing Address Only
Phone: 206-707-8494	NW Healthy Options
Fax: 206-707-8495	PO Box 4385
Info@nw-ho.com	Spanaway, WA 98387

Navigation

HOME	TESTIMONIALS
ABOUT NWHO	MAKE AN APPOINTMENT
MEDICAL MARIJUANA FAQS	FREE ANNUAL RENEWAL
MEDICAL MARIJUANA LAWS	NWHO BLOG
FOR PHYSICIANS	CONTACT

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WASHINGTON STATE MEDICAL MARIJUANA FAQ

This compilation of frequently asked questions (FAQ) contains answers to common questions about Initiative 692 (the Washington State medical use of marijuana act) as well as general questions about medical marijuana in Washington State.

This FAQ is compiled by Ben Livingston. Updated June 27, 2006. Send corrections and clarifications to ben at hemp dot net. In no event shall the authors or distributors be liable to anyone for anything.

Copyleft 1998-2006 Ben Livingston.

1. What is I-692?
2. What does I-692 do?
3. When does I-692 take effect?
4. What conditions can medical marijuana be used for?
5. Where can I use medical marijuana?
6. How much medical marijuana can I possess at one time?
7. What if my physician won't recommend medical marijuana?
8. Who qualifies as a "primary caregiver"?
9. How do I get medical marijuana?
10. Where can I get more information?

1. What is I-692?

I-692 is the 1998 medical marijuana initiative passed by 59% of Washington voters on November 3, 1998. It is codified as

RCW 69.51A.

2. What does I-692 do?

I-692 allows for the medical use of marijuana by patients with certain terminal or debilitating conditions. It authorizes physicians to advise patients about the risks and benefits of the medical use of marijuana. Qualifying patients and their primary caregivers may use the law as an "affirmative defense" in court if they are prosecuted. The law does not protect patients or caregivers from arrest or prosecution, it only allows them to present a medical marijuana defense in court.

I-692 does **not** affect federal law, which still makes marijuana possession, distribution or manufacture illegal for any purpose.

3. When does I-692 take effect?

MD 2011-162277-000256
STERN, MICHAEL MD_2011-162277 PAGE 93

in Washington, initiatives take effect 30 days after they are voted on unless otherwise specified by the initiative. This means I-692 went into effect on December 3, 1998.

4. What conditions can marijuana be used for?

I-692 defines "terminal or debilitating medical condition" as:

- (a) Cancer, human immunodeficiency virus (HiV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders; or
- (b) intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications; or
- (c) Glaucoma, either acute or chronic, limited for the purpose of this chapter to mean increased intraocular pressure unrelieved by standard treatments and medications; or
- (d) Any other medical condition duly approved by the Washington state medical quality assurance board as directed in this chapter.

The Washington State Medical Quality Assurance Commission has added the following conditions:

- Crohn's Disease with debilitating symptoms unrelieved by standard treatments or medications (PDF copy of order, November 5, 1999)
- Hepatitis C with debilitating nausea and/or intractable pain unrelieved by standard treatments or medications (PDF copy of order, January 28, 2000)
- any disease, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, and/or spasticity, when these symptoms are unrelieved by standard treatments or medications (PDF copy of order, June 19, 2000)

Rejected petitions. As part of the June 19, 2000 order adding various diseases to the list, the MQAC denied the inclusion of insomnia and post traumatic stress disorder. On November 22, 2000, the MQAC denied a petition to add manic or chronic depression to the list of conditions (PDF copy of order). On November 19, 2004, the MQAC denied a petition to add depression and severe anxiety to the list of conditions (PDF copy of order).

5. Where can I use medical marijuana?

Medical marijuana **can not** be used in public. it is a misdemeanor "to use or display medical marijuana in a manner or place which is open to the view of the general public." Additionally, I-692 states "Nothing in this chapter requires any accommodation of any medical use of marijuana in any place of employment, in any school bus or on any school grounds, or in any youth center."

6. How much medical marijuana can I possess at one time?

You can possess no more than a sixty-day supply of medical marijuana. How much marijuana constitutes a sixty-day was not defined by I-692. This is one of the biggest "problems" with Washington's medical marijuana law. in many cases where a patient is arrested, police and prosecutors accept that they are a patient but claim that they have more than a 60-day supply.

7. What if my physician won't recommend medical marijuana?

MD 2011-162277-000057
STERN, MICHAEL MD_2011-162277 PAGE 94

i-692 states that "Nothing in this chapter requires any physician to authorize the use of medical marijuana for a patient."

In many cases, doctors will not recommend medical marijuana. They often fear the federal government, which has in the past threatened doctors who recommend medical marijuana. However, a federal appeals court ruled in October of 2002 that the government cannot penalize doctors who recommend medical marijuana to their patients. See

Conant v. Walters.

If your doctor won't recommend medical marijuana, educate them. If marijuana genuinely helps you for a qualifying condition and your doctor still will not recommend marijuana, you may want to find a doctor whose medical knowledge and advice you trust. Don't look for a "pot friendly" doctor -- most doctors don't want patients coming to them specifically for medical marijuana recommendations. Asking around isn't much help -- few patients will disclose this information out of respect for their doctor, and nobody has a list. Just seek out an intelligent doctor whose medical opinion you respect.

8. Who qualifies as a "primary caregiver"?

A primary caregiver is a person who has been designated in writing by a patient to be responsible for the housing, health or care of a patient. Additionally, a primary caregiver must be over 18 years old.

9. How do I get medical marijuana?

Patients and primary caregivers are allowed to grow medical marijuana. For more information, contact

Green Cross Patient Co-op at (206) 762-0630.

10. Where can I get more information?

For a more in-depth guide to I-692, visit the

I-692 Guide from Washington Citizen for Medical Rights. More information, including pending legal cases, can be found at CannabisMD.org.

MD 2011-162277-000358
STERN, MICHAEL MD_2011-162277 PAGE 95

Medical Marijuana Laws: Washington State Law 692

Chapter 69.51A RCW
Medical marijuana

Chapter Listing
RCW Sections69.51A.005 Purpose and intent.
69.51A.010 Definitions.
69.51A.020 Construction of chapter.
69.51A.030 Physicians excepted from state's criminal laws.
69.51A.040 Failure to seize marijuana, qualifying patients' affirmative defense.
69.51A.050 Medical marijuana, lawful possession -- State not liable.
69.51A.060 Crimes -- Limitations of chapter.
69.51A.070 Addition of medical conditions.
69.51A.080 Adoption of rules by the department of health -- Sixty-day supply for qualifying patients.
69.51A.900 Short title -- 1999 c 2.
69.51A.901 Severability -- 1999 c 2.
69.51A.902 Captions not law -- 1999 c 2.

69.51A.005
Purpose and intent.

The people of Washington state find that some patients with terminal or debilitating illnesses, under theirphysician's care, may benefit from the medical use of marijuana. Some of the illnesses for which marijuana appears to be beneficial include chemotherapy-related nausea and vomiting in cancer patients; AIDS wasting syndrome; severe muscle spasms associated with multiple sclerosis and other spasticity disorders; epilepsy; acute or chronic glaucoma; and some forms of intractable pain.

The people find that humanitarian compassion necessitates that the decision to authorize the medical use of marijuana by patients with terminal or debilitating illnesses is a personal, individual decision, based upon theirphysician's professional medical judgment and discretion.

Therefore, the people of the state of Washington intend that:

Qualifying patients with terminal or debilitating illnesses who, in the judgment of their physicians, may benefit from the medical use of marijuana, shall not be found guilty of a crime under state law for their possession and limited use of marijuana;

Persons who act as designated providers to such patients shall also not be found guilty of a crime under state law for assisting with the medical use of marijuana; and

Physicians also be excepted from liability and prosecution for the authorization of marijuana use to qualifying patients for whom, in thephysician's professional judgment, medical marijuana may prove beneficial.

[2007 c 371 § 2; 1999 c 2 § 2 (Initiative Measure No. 692, approved November 3, 1998).]

Notes: Intent -- 2007 c 371: "The legislature intends to clarify the law on medical marijuana so that the lawful use of this substance is not impaired and medical practitioners are able to exercise their best professional judgment in the delivery of medical treatment, qualifying patients may fully participate in the medical use of marijuana, and designated providers may assist patients in the manner provided by this act without fear of state criminal prosecution. This act is also intended to provide clarification to law enforcement and to all participants in the judicial system." [2007 c 371 § 1.]

69.51A.010
Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Designated provider" means a person who:

(a) Is eighteen years of age or older;

(b) Has been designated in writing by a patient to serve as a designated provider under this chapter;

(c) Is prohibited from consuming marijuana obtained for the personal, medical use of the patient for whom the individual is acting as designated provider; and

(d) Is the designated provider to only one patient at any one time.

(2) "Medical use of marijuana" means the production, possession, or administration of marijuana, as defined in RCW 69.50.101(q), for the exclusive benefit of a qualifying patient in the treatment of his or her terminal or debilitating illness.

(3) "Qualifying patient" means a person who:

(a) Is a patient of a physician licensed under chapter 18.71 or 18.57 RCW;

MD-2011-162277-000059
STERN, MICHAEL MD_2011-162277 PAGE 96

(b) Has been diagnosed by that physician as having a terminal or debilitating medical condition;

(c) Is a resident of the state of Washington at the time of such diagnosis;

(d) Has been advised by that physician about the risks and benefits of the medical use of marijuana; and

(e) Has been advised by that physician that they may benefit from the medical use of marijuana.

(4) "Terminal or debilitating medical condition" means:

(a) Cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders; or

(b) Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications; or

(c) Glaucoma, either acute or chronic, limited for the purpose of this chapter to mean increased intraocular pressure unrelieved by standard treatments and medications; or

(d) Crohn's disease with debilitating symptoms unrelieved by standard treatments or medications; or

(e) Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments or medications; or

(f) Diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity, when these symptoms are unrelieved by standard treatments or medications; or

(g) Any other medical condition duly approved by the Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery as directed in this chapter.

(5) "Valid documentation" means:

(a) A statement signed by a qualifying patient's physician, or a copy of the qualifying patient's pertinent medical records, which states that, in the physician's professional opinion, the patient may benefit from the medical use of marijuana;

(b) Proof of identity such as a Washington state driver's license or identicard, as defined in RCW 46.20.035; and

(c) A copy of the physician statement described in (a) of this subsection shall have the same force and effect as the signed original.

[2007 c 371 § 3; 1999 c 2 § 6 (Initiative Measure No. 692, approved November 3, 1998).]

Notes: Intent -- 2007 c 371: See note following RCW 69.51A.005.

69.51A.020
Construction of chapter.

Nothing in this chapter shall be construed to supersede Washington state law prohibiting the acquisition, possession, manufacture, sale, or use of marijuana for nonmedical purposes.

[1999 c 2 § 3 (Initiative Measure No. 692, approved November 3, 1998).]

69.51A.030
Physicians excepted from state's criminal laws.

A physician licensed under chapter 18.71 or 18.57 RCW shall be excepted from the state's criminal laws and shall not be penalized in any manner, or denied any right or privilege, for:

(1) Advising a qualifying patient about the risks and benefits of medical use of marijuana or that the qualifying patient may benefit from the medical use of marijuana where such use is within a professional standard of care or in the individual physician's medical judgment; or

(2) Providing a qualifying patient with valid documentation, based upon the physician's assessment of the qualifying patient's medical history and current medical condition, that the medical use of marijuana may benefit a particular qualifying patient.

[2007 c 371 § 4; 1999 c 2 § 4 (Initiative Measure No. 692, approved November 3, 1998).]

Notes: Intent -- 2007 c 371: See note following RCW 69.51A.005.

69.51A.040
Failure to seize marijuana, qualifying patients' affirmative defense.

(1) If a law enforcement officer determines that marijuana is being possessed lawfully under the medical marijuana law, the officer may document the amount of marijuana, take a representative sample that is large enough to test, but not seize the marijuana. A law enforcement officer or agency shall not be held

MD 2011-162277-000060
STERN, MICHAEL-MD_2011-162277 PAGE 97

civilly liable for failure to seize marijuana in this circumstance.

(2) If charged with a violation of state law relating to marijuana, any qualifying patient who is engaged in the medical use of marijuana, or any designated provider who assists a qualifying patient in the medical use of marijuana, will be deemed to have established an affirmative defense to such charges by proof of his or her compliance with the requirements provided in this chapter. Any person meeting the requirements appropriate to his or her status under this chapter shall be considered to have engaged in activities permitted by this chapter and shall not be penalized in any manner, or denied any right or privilege, for such actions.

(3) A qualifying patient, if eighteen years of age or older, or a designated provider shall:

(a) Meet all criteria for status as a qualifying patient or designated provider;

(b) Possess no more marijuana than is necessary for the patient's personal, medical use, not exceeding the amount necessary for a sixty-day supply; and

(c) Present his or her valid documentation to any law enforcement official who questions the patient or provider regarding his or her medical use of marijuana.

(4) A qualifying patient, if under eighteen years of age at the time he or she is alleged to have committed the offense, shall demonstrate compliance with subsection (3)(a) and (c) of this section. However, any possession under subsection (3)(b) of this section, as well as any production, acquisition, and decision as to dosage and frequency of use, shall be the responsibility of the parent or legal guardian of the qualifying patient.

[2007 c 371 § 5; 1999 c 2 § 5 (Initiative Measure No. 692, approved November 3, 1998).]

Notes: Intent -- 2007 c 371: See note following RCW 69.51A.005.

69.51A.050
Medical marijuana, lawful possession — State not liable.

(1) The lawful possession or manufacture of medical marijuana as authorized by this chapter shall not result in the forfeiture or seizure of any property.

(2) No person shall be prosecuted for constructive possession, conspiracy, or any other criminal offense solely for being in the presence or vicinity of medical marijuana or its use as authorized by this chapter.

(3) The state shall not be held liable for any deleterious outcomes from the medical use of marijuana by any qualifying patient.

[1999 c 2 § 7 (Initiative Measure No. 692, approved November 3, 1998).]

69.51A.060
Crimes — Limitations of chapter.

(1) It shall be a misdemeanor to use or display medical marijuana in a manner or place which is open to the view of the general public.

(2) Nothing in this chapter requires any health insurance provider to be liable for any claim for reimbursement for the medical use of marijuana.

(3) Nothing in this chapter requires any physician to authorize the use of medical marijuana for a patient.

(4) Nothing in this chapter requires any accommodation of any on-site medical use of marijuana in any place of employment, in any school bus or on any school grounds, in any youth center, in any correctional facility, or smoking medical marijuana in any public place as that term is defined in RCW 70.160.020.

(5) It is a class C felony to fraudulently produce any record purporting to be, or tamper with the content of any record for the purpose of having it accepted as, valid documentation under *RCW 69.51A.010(6)(a).

(6) No person shall be entitled to claim the affirmative defense provided in RCW 69.51A.040 for engaging in the medical use of marijuana in a way that endangers the health or well-being of any person through the use of a motorized vehicle on a street, road, or highway.

[2007 c 371 § 6; 1999 c 2 § 8 (Initiative Measure No. 692, approved November 3, 1998).]

Notes: *Reviser's note: The reference to RCW 69.51A.010(6)(a) is erroneous. RCW 69.51A.010(5)(a) was apparently intended.

Intent -- 2007 c 371: See note following RCW 69.51A.005.

69.51A.070
Addition of medical conditions.

The Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery, or other appropriate agency as designated by the governor, shall accept for consideration petitions submitted to add terminal or debilitating conditions to those included in this chapter. In considering such petitions, the Washington state medical quality assurance commission in consultation

EXHIBIT 2011-162277-000961
STERN, MICHAEL-MD_2011-162277 PAGE 98

with the board of osteopathic medicine and surgery shall include public notice of, and an opportunity to comment in a public hearing upon, such petitions. The Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery shall, after hearing, approve or deny such petitions within one hundred eighty days of submission. The approval or denial of such a petition shall be considered a final agency action, subject to judicial review.

[2007 c 371 § 7; 1999 c 2 § 9 (Initiative Measure No. 692, approved November 3, 1998).]

Notes: Intent – 2007 c 371: See note following RCW 69.51A.005.

69.51A.080
Adoption of rules by the department of health — Sixty-day supply for qualifying patients.

(1) By July 1, 2008, the department of health shall adopt rules defining the quantity of marijuana that could reasonably be presumed to be a sixty-day supply for qualifying patients; this presumption may be overcome with evidence of a qualifying patient's necessary medical use.

(2) As used in this chapter, "sixty-day supply" means that amount of marijuana that qualifying patients would reasonably be expected to need over a period of sixty days for their personal medical use. During the rule-making process, the department shall make a good faith effort to include all stakeholders identified in the rule-making analysis as being impacted by the rule.

(3) The department of health shall gather information from medical and scientific literature, consulting with experts and the public, and reviewing the best practices of other states regarding access to an adequate, safe, consistent, and secure source, including alternative distribution systems, of medical marijuana for qualifying patients. The department shall report its findings to the legislature by July 1, 2008.

[2007 c 371 § 8.]

Notes: Intent – 2007 c 371: See note following RCW 69.51A.005.

69.51A.900
Short title — 1999 c 2.

This chapter may be known and cited as the Washington state medical use of marijuana act.

[1999 c 2 § 1 (Initiative Measure No. 692, approved November 3, 1998).]

69.51A.901
Severability — 1999 c 2.

If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

[1999 c 2 § 10 (Initiative Measure No. 692, approved November 3, 1998).]

69.51A.902
Captions not law — 1999 c 2.

Captions used in this chapter are not any part of the law.

[1999 c 2 § 11 (Initiative Measure No. 692, approved November 3, 1998).]

We guarantee all medical records are kept completely confidential

Contact NW Healthy Options

Seattle Office
Phone: 206-707-8494
Fax: 208-707-8495
info@nw-ho.com

Mailing Address Only
NW Healthy Options
PO Box 4385
Spanaway, WA 98387

Navigation

HOME
ABOUT NWHO
MEDICAL MARIJUANA FAQS
MEDICAL MARIJUANA LAWS
FOR PHYSICIANS
TESTIMONIALS
MAKE AN APPOINTMENT
FREE ANNUAL RENEWAL
NWHO BLOG
CONTACT

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NW Healthy Options Medical Marijuana: Blog

Spring Update

Posted on: April 22nd, 2011 *by* Dr. Stern No Comments

It see end of April and we've had a lot of rain and cold weather in Seattle. I have been able to help a few people in the last you months to get them authorized to utilize medical marijuana. The state legislature is trying to clarify the law concerning the distribution of medical marijuana through "dispensary or co-ops" but this thread of a vetoed by the'governor who has sent them back to the drawing board due to comments made by the federal attorneys in Washington state. The dispensary/co-ops operate in a gray area of the law and in Seattle they want to clarify so that the police have some clear guidelines. I'm in favor of having clear guidelines for the legality of distributing marijuana to needy patients like myself.

The last patient comment was about the details of his medical problems. These should be private and only discuss in the privacy of a consultation. I can certainly offer this patient a private consultation but cannot offer ongoing continue therapy, although there is many people that I could recommend to provide this type of care.

I only write something on this blog when I'm prompted by having a comment so that I know someone is reading it. So send your comments and than I will make appropriate notes based on what is going on in the world of medical marijuana for Washington state

Posted in General | No Comments »

FINAL U TUBE SCRIPT

Posted on: February 3rd, 2011 *by* Dr. Stern 1 Comment

I am a board-certified medical doctor specializing in medical marijuana authorization in Washington State.

I was diagnosed with Progressive Multiple Sclerosis in 1995.

Why is my story interesting ,unique and why should you trust my point of view?

I am a retired Medical School Educator, a physician and surgeon with over 35 years of clinical experience. I am a Multiple sclerosis patient and patient advocate who utilizes medicinal marijuana therapeutically and recommends medical marijuana to qualified patients in Washington state.

This blend of life experiences provides a unique perspective and creates my opinions that ere both scientifically grounded and balanced with empathy and compassion for patients with debilitating or terminal diseases.

Medical marijuana should be legally available and decriminalized to all medically qualified patients.

Medical marijuana is a safe and an effective medicine.

Medical marijuana has a variety of benefits, some of which ere reducing pain while reducing the dependence on dangerous narcotics with serious side effects. Improving sleep, decreasing nausea while improving appetite, and improves the quality of life for a variety of diseases.

In 2010 my multiple sclerosis progressed so that I am no longer able to walk. This MS journey began when I was still competing in amateur athletics.

In 2010 I began Northwest Healthy Options, a Medical Marijuana Authorization Clinic for Washington state residents. My clinic is a legal, professional, and effective way to help others.

if you know someone in Washington State that I can help please give me the gift of referring them for help. Our phone number is 206-707-8494 and website is www.NWhealthyoptions.com. This is Dr. Michael Stern of Northwest Healthy Options wishing you great health and tolerance for those qualified patients utilizing medical marijuana therapeuticaliy.

Posted in General | 1 Comment »

MOVING THE OFFICE

Posted on: January 22nd, 2011 *by* Dr. Stern 2 Comments

I nave been in a Bellevue location since March 2009 and am planning to relocate the office in Seattle, probably near the University of Washington in the next couple weeks. I hope that nothing changes in reference to the practice other than the office that I will be seeing patients and that we will still be able to provide the same high quality professional care to our patients.

A word about spam trash and comments. I was receiving 5 to 15 comments a day prior to connecting with my current system of clearing all the comments before sending them. I now have one personal comment, which is appropriate and glad to be able to answer it. For all those Washington state readers of my blog. I would appreciate any appropriate comments or questions that I can answer.

MEDICAL MARIJUANA MYTHS

I'm going to try to dispel some of the myths that so many people have grown up with and just like me have been brainwashed to believe things that have no basis in fact or science.

MD 2011-162277-000063

STERN, MICHAEL MD_2011-162277 PAGE 100

Marijuana is a gateway drug.
Marijuana is highly addictive.
Using marijuana forces you to use a higher dose all the time.
Marijuana causes you to be lazy and unproductive.
Marijuana causes serious medical problem.
Being authorized to use medical marijuana forces you to register with the state and every bit of your information is given to a state agency.
Marijuana does not have any medicinal effects.
Marijuana is associated with automobile accidents and automobile deaths.

Please send then all of your questions concerning medicinal marijuana and whether you think it's a myth or not. I appreciate all participation. Once I got accumulated a list of what I consider myths I'm going to tell you my opinion about them.

Posted in General | 2 Comments »

Spam and trash comments

Posted on: January 16th, 2011 *by* Dr. Stern 2 Comments

Well as a new blog I got over 100 really positive wonderful comments on ell that I wrote. Unfortunately, it is most likely that they were all spam and trash and no one really commented on the blog who read it . Two days ago I inserted a filter that eliminates spam and have not had a comment on the blog since inserting that filter. It's Sunday morning and the Seahawks are going to be playing the Chicago Bears my hometown team since childhood. I am a converted Seahawks fan and so I'm in a no lose situation. I can support both teams and hope that it's a really sensational game without preferring a winner. Having grown up in Chicago on the north side and going to both the Chicago Cubs and Chicago Bear' s game es an adolescent it's embedded in my psyche lo support Chicago teams. Other than the White Sox I've never been to a White Sox game or a supporter of the White Sox.

I'm going be opening a new office in Seattle doing strictly medical marijuana authorizetion and advertised it as such. I'm going to this morning and look at the office space.

I have a fly infestation in my house and don't know the source. These are not typical small houseflies they look more like large horseflies. I've saved one in the container to use as a model so when searching on the Internet end try to figure out some informalion about them.

Posted in General | 2 Comments »

COMMENTS COMMENTS COMMENTS

Posted on: January 10th, 2011 *by* Dr. Stern No Comments

I appreciate all of the previous comments. Since my blog is relatively new I was very much struck by all the positive comments made to me in the past it was encouraging to my ego. I am going to remove all previous comments on any of my posts and only published comments where you address them directly to Dr. Stern with your city state and country of origin. No spam, Trash or anybody else's comments would be made public.

Posted in General | No Comments »

Question? Frustrated with nonspecific comments

Posted on: January 9th, 2011 *by* Dr. Stern No Comments

Only comments address directly to Dr. Stern with your city state and country of origin may be published.. No spam, Trash or anybody else's comments will be made public.Who are the people sending all these comments? I received a variety of comments from people daily but no one really says what they like about blog or whet they learned specifically or ask any questions that are relevant to why am writing the blog. I'm beginning to think that all of the comments ere just computer generated and that peoplo are doing it to get their own agenda noticed. So if you're really reading my blog and really getting something from it and desire to make a comment then follow the instructions which are to put your city or country of origin and then specifically comment on what you learned from my blog. If you're willing to make a comment of how wonderful my writing is in the blog then tell me which areas really impresses you. Again no comment will be published with out your location. Obviously you can lie but I want to know where my audience is coming from.

Posted in General | No Comments »

Location

Posted on: January 7th, 2011 *by* Dr. Stern No Comments

Only comments addressed directly to Dr. Stern with your city slate and country of origin may be published.. No spam, Trash or anybody else's comments will be made public Each comment should start with your city or country of origin. I very much enjoy the comments end it encourages me to write more but I also would like to know my audience and where they are located. it is easy to put your city or country of origin in your comments. If you do not put the city or your country I will not publish or approve your comments for others to read thank you

Posted in General | No Comments »

MD 2011-162277-000064
STERN, MICHAEL MD_2011-162277 PAGE 101

Comments prospects for the new year

Posted on: January 6th, 2011 *by* Dr. Stern No Comments

Only comments addressed directly to Dr. Stern with your city state and country of origin may be published.. No spam, Trash or anybody else's comments will be made public.I must make a comment about the comments. I'm surprised at all the positive comments. There's many superiatives used by participants but no specifics of what I have written that is really relevant. I also really want to encourage people to put their city or country of origin when making a comment. I will be seeing patients on Saturday and am pleased with the opportunity of helping and educating more patients.

In the 1980s I was flying in the United States and requested a vegetarian meal. To my surprise the standard meal for all travelers was barbecued chicken. The vegetarian meal was chicken without the barbecue sauce. Someone missed the class on what is a vegetarian in the food service delivery at this airline.

Also a funny event when using a video camera in the 1980s and filming a two-year-old playing on the beach. His grandmother, who was very unfamiliar with audio and visual cameras was filming her grandson and his activities. When the video is reviewed it was hilarious. The audio was the grandmother saying "he looks so small why is he so small I can hardly see him why is he so small no matter what I do he is really small". When the video was reviewed it became apparent why he was so small— the entire video was five minutes of her eye and it became apparent that she had the camera reversed and was looking through the lens backward while just filming her own eye.. And that is why her grandson was so small.

Medical marijuana can be used effectively as a natural pain reducer and that's that supplemental therapy used in conjunction with other medications.

In 1984 I joined the staff of a cross where I was amazed that they allowed patients to smoke in their hospital rooms. Research on the detrimental effects of smoking were done in the 1940s and 50s and ultimately the Surgeon General filed a white paper of 1700 articles which demonstrated the preponderance of evidence was that smoking was detrimental to your health. So the evidence was clear in the 1950s 60s and 70s that smoking cigarettes was detrimental to your health. A hospital is a institution that is trying to help patients improve their health. Why in the world 20 years after the Surgeon General has issued his report is a hospital still allowing patients to smoke and worse yet sell cigarettes to the patients. The policy was finally reversed and so patients are allowed to smoke outside the front door of the hospital. When using marijuana therapeutically I recommend vaporization or ingestion of therapeutic portion of marijuana which is the THC. Clearly the effects of smoking on lung tissue is irritating end.such irritation is usually associated with ill affects to a targeted organ such as their lung.

Have a greet day and remember helping others in some way makes each day worth living

Posted in General | No Comments »

Your home

Posted on: January 2nd, 2011 *by* Dr. Stern No Comments

Only comments addressed directly to Dr. Stern with your city state and country of origin may be published.. No spam, Trash or anybody else's comments will be made public.It would be very important to me to identify your city, state, and country if not in the United States when you make comments. I received several comments in languages that are not English such as French and a language that I'm not sure of. It is probably not useful to write your comments in a language other than English.

Posted in General | No Comments »

What is the meaning of life? How to make life more meaningful.

Posted on: January 2nd, 2011 *by* Dr. Stern No Comments

Only comments addressed directly to Dr. Stern with your city state and country of origin may be published.. No spam, Trash or anybody else's comments will be made public.When I was a teenager in high school and again in college I thought about what I want to do in my life. I realized very young thet what gave me pleasure, made me happy, and fulfilled my life is very simple. I get pleasure, enjoyment, happiness, meaning end fulfillment by helping others in any significant way. Since this was true I thought that becoming a doctor would always satisfy my personal desire for pleasure, enjoyment happiness and fulfillment. Doctors have the capacity to help people in a significant way. Once you become a doctor you have this forever. So my plan was to choose a career that lasted for my whole life end could not be taken away from me and that always filled me with pleasure and fulfillment. Throughout my career I would echo these words that I really loved practicing medicihe and helping other people but wish I could do it without having to do it es a business.. Precticing medicine in the United States in private practice as I had said is about business. Unfortunately end fortunately I got my wish. With the diagnosis of multiple sclerosis I became unable to perform my duties urology and urologic surgery at the same level I had previously and was permanently disabled, Financlally I was able to survive because of a disability insurance policy. This stops in four months when I become 65 years old. I have been able to continue practicing medicine without regard for the business aspect of making money and have been allowed to take all the profits from the clinic and give them to others, I'm able to currently able to provide free housing for two students. The design of the clinic is very simple—I help other patients in a significant way to legally utilize natural medicine for therapeutic means. Those patients pay for this service which I then take and give to others. The benefit I get out of this is meeting and helping new people. The patient's benefit from having a legal positive defense for the use, growing, and possession of small amounts of marijuana (a natural, relatively safe medicine). In comparison to many pharmaceutical drugs available and alcohol side effects are clearly reduced in marijuana compared to these much more dangerous medications that are given out with on a regular basis with very little thought.
If life is worth living it is worth recording said one of my teachers. Keep a journal, diary, or any kind of reference to what you are feeling experiencing end accomplishing in your life.

MD 2011-162277-000065
STERN, MICHAEL MD_2011-162277 PAGE 102

In an experiment at Yale University I believe. The study took seniors and had one group write down exactly what their plans were after graduation and what they want to accomplish in the next 10 years. The other randomized group only thought about their plans after graduation and what they want to accomplish in the next 10 years. The results were staggering and highly significant. If you write down your plans you have more than a tenfold improvement on successfully completing your goals. I would encourage all people at the beginning of this new decade end new year to write down your 10 year plan and be very specific about what you want to accomplish in your life. If I'm still around in 10 years I would be thrilled to hear your success.

Plans for 2011 are to increase the number of patients I saw 2010.

Start the Seattle Fasting Center a sanctuary for people to cleanse their body mind and spirit.

Start Dr. Stern's Vegan Dining Club. Have people coming to my house for a gourmet vegan meal and a short lecture on nutrition and its effects on health and well-being.

Increase the bedroom sleeping space so that I can accommodate more than two students.

Maintain my health and try to be en example tor others to live a healthy lifestyle.
Summary of 2010

I began a medical marijuana authorization clinic.
I remodel an existing house to be very specifically arranged for someone with a disability. By the way I don't really like using the word disability. I describe my situation as having Special Capacities. So I would change the ADA law which stands for American Disability Act to the Americans Special Capacities Act.

I transitioned this year from being able to walk to not being able to stand more than one second and unable to walk so I utilize motorized vehicles (scooter).

I spent five days in the hospital in January which was really the first time in my life that I was hospitalized as a patient. It gave me a new unique perspective on being a patient in the hospital.As a retired surgeon I can tell you to stay out of the hospital if at all possible, people get sick there. People are great, caring and compassionate, but the system creates food that does not support becoming healthy, air that is not healthy to breathe, activity that does not support good health and generally waiting to get out.

Now on the lighter side a short story. A five-year-old boy attended a birthday party of one of his friends. This young man is very proud of the fact that he was a vegetarian and that his parents had encouraged him to eat a vegetarian diet. The birthday boy's mother was going to order pizza and was taking orders. What kind of pizza do you want? The five-year-old boy proudly answered "I'm a vegetarian!" So the mother said that's great honey but what kind of pizza do you want? The boy responded quickly and emphatically **Pepperoni!** At five years old he didn't even know that it was funny.

Posted in General | No Comments »

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April 2011
February 2011
January 2011
December 2010
November 2010

Categories

General (16)

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Contact NW Healthy Options

Seattle Office
Phone: 206-707-8494
Fax: 206-707-8495
info@nw-ho.com

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NW Healthy Options
PO Box 4385
Spanaway, WA 98387

Navigation

NW HEALTHY OPTIONS
WA ST LAW 692
OUR PRACTICE
REFERRING PHYSICIAN
CONTACT
FREE ANNUAL RENEWAL
TESTIMONIALS
NWHO BLOG

MD 2011-162277-000266
STERN, MICHAEL MD_2011-162277 PAGE 103

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Redaction Summary (164 redactions)

6 Privilege / Exemption reasons used:

1 -- "Attorney Work Product - RCW 42.56.290" (1 instance)

2 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (11 instances)

3 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)

4 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (124 instances)

5 -- "Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 45 CFR 61.14, RCW 42.56.070(1)" (26 instances)

6 -- "Personal Information - Social Security Number - 42 U.S.C. § 405(c)(2)(C)(viii)(I), RCW 42.56.070(1)" (1 instance)

Redacted pages:

Page 3, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 6, Attorney Work Product - RCW 42.56.290, 1 instance
Page 7, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 10, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 16, Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 45 CFR 61.14, RCW 42.56.070(1), 8 instances
Page 17, Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 45 CFR 61.14, RCW 42.56.070(1), 10 instances
Page 18, Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 45 CFR 61.14, RCW 42.56.070(1), 8 instances
Page 23, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 24, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 9 instances
Page 27, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 28, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 29, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 31, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 33, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 33, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 34, Personal Information - Social Security Number - 42 U.S.C. § 405(c)(2)(C)(viii)(I), RCW 42.56.070(1), 1 instance
Page 36, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 39, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 41, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 9 instances
Page 44, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
Page 45, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
Page 46, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 47, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 48, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 50, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 51, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 52, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 53, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 54, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 55, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 56, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 57, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 58, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 59, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 60, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
Page 61, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1),

3 instances
Page 62, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 63, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 64, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 65, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 67, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 68, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 69, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 70, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 71, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 72, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 73, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 75, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
Page 76, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 77, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 78, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
Page 86, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 87, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 87, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 88, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
Page 89, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 89, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 90, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 4 instances
Page 91, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 9 instances
Page 104, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance